Course Add Form

This form is to be used ONLY if the course(s) may not be added through Self Service. This form is NOT to be used by traditional students to add an Accel course. Forms will not be accepted after the add period for each respective semester/term. Students are responsible for any charges incurred by adding courses. Carefully read the options below and complete the appropriate section. PLEASE PRINT.

### Student Information

<table>
<thead>
<tr>
<th>AU Student ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

Semester/Year (choose one):  
- Fall 20_____  
- Spring 20_____  
- Summer 20_____

### Option 1: Override of Course Capacity

Students should complete this portion if they are attempting to add a course that is full. Please note that students will NOT be added to a course that is full and has a waiting list. Students are required to add themselves to the respective waiting list.

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course No.</th>
<th>Section</th>
<th>Instructor's Signature</th>
<th>Dean of College/Department Chair Signature</th>
</tr>
</thead>
<tbody>
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Students using this option should submit completed form to the Office of the University Registrar for processing. You are NOT enrolled in the course(s) until this form has been processed and the course added to your schedule. Students should check their Self Service schedule to verify course has been added.

### Option 2: Enrollment Exceptions

Students should complete this portion if they are attempting to add a course that meets the following criteria:

Check all that apply:  
- ☐ Need course for graduation; specify date__________  
- ☐ Pre-requisite has not been met  
- ☐ Time conflict (must obtain permission from all faculty involved)

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Students using this option should begin the process with their advisor. Forms should be submitted to the Dean of the College for the course(s) requested. If approved, the Administrative Assistant for the respective College will register the student.

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Student Signature: ____________________________________________ Date: ____________________

Advisor Signature: ____________________________________________ Date: ____________________

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University Registrar use only:

Date processed: ____________ Processed by: ____________