CREDIT REGISTRATION  ADD • DROP • WITHDRAW

AACC ID NUMBER

TERM:  ☐ FALL  ☐ WINTER  XX SPRING  ☐ SUMMER  YEAR: 2020

LAST NAME  FIRST NAME  MIDDLE INITIAL

STREET ADDRESS  CITY  COUNTY  STATE  ZIP

PHONE:  ☐ HOME  ☐ BUSINESS  ☐ CELL

PROGRAM OF STUDY (Life and Engagement Coaching)

<table>
<thead>
<tr>
<th>ACTION</th>
<th>DEPT.</th>
<th>COURSE NUMBER</th>
<th>SECTION NUMBER</th>
<th>TITLE</th>
<th>CREDIT HOURS</th>
<th>START DATE</th>
<th>DAYS</th>
<th>TIME</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGISTER</td>
<td>ENG</td>
<td>111</td>
<td>010</td>
<td>Sample Course</td>
<td>3</td>
<td>8/2</td>
<td>MWF</td>
<td>9-9:50 am</td>
<td>HUM 116</td>
</tr>
<tr>
<td>REGISTER</td>
<td>EDU</td>
<td>201</td>
<td>842/843</td>
<td>Engagement Coaching Course I: Engage</td>
<td>3</td>
<td>1/16</td>
<td>TFS</td>
<td>8:30a-4:30p</td>
<td>off-site</td>
</tr>
<tr>
<td>REGISTER</td>
<td>EDU</td>
<td>202</td>
<td>842/843</td>
<td>Engagement Coaching Course II: Expand</td>
<td>3</td>
<td>2/20</td>
<td>TFS</td>
<td>8:30a-4:30p</td>
<td>off-site</td>
</tr>
<tr>
<td>REGISTER</td>
<td>EDU</td>
<td>203</td>
<td>842/843</td>
<td>Engagement Coaching Course III: Experience</td>
<td>3</td>
<td>3/26</td>
<td>TFS</td>
<td>8:30a-4:30p</td>
<td>off-site</td>
</tr>
</tbody>
</table>

‘IF WITHDRAWING FROM A CLASS
☐ I confirm that I intend to stay enrolled and attend my other classes that have not yet started during this term.
☐ I am not registered for or plan to drop my other classes that have not yet started during this term.

PAYMENT INFORMATION
Payment is due at time of registration.
Payments can be made through MyAACC or at the cashier’s office.
Visit www.aacc.edu/tuitionfees for information on payment options. Students using Veterans benefits should contact the Financial Aid Office upon registration.

I request the course(s) indicated above. By my signature, I acknowledge my responsibility for payment of the tuition and fees generated by this registration. I understand that I must pay my bill or make arrangements to pay by the due date and that I am responsible for all charges unless I drop my classes by the last day to drop with a full refund as published in the Schedule of Classes. I understand that auditing or withdrawing may affect my ability to receive financial aid. I understand that I am responsible for the course(s) selected and understand how they apply toward my educational goal. By proceeding with this registration I agree to abide by the Academic Integrity Policy and all other college policies as cited in the college catalog.

STUDENT SIGNATURE (REQUIRED) DATE

ADVISOR’S SIGNATURE  DATE

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days’ notice. For information on AACC’s compliance and complaints concerning sexual assault, sexual misconduct, discrimination or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, complianceofficer@aacc.edu or Maryland Relay 711: 2/17