



Office Of The Registrar

Albion College, Office Of The Registrar, 611 East Porter Street, Albion, MI 49224

SPECIAL REGISTRATION & DROP/ADD FORM

Use this form to request the following special registrations:

- **Waive prerequisites** for a course (must have instructor's signature)
- Permission to **audit a course** (must have instructor's signature)
(Music ensembles do not require instructor's signature to audit.) (Cannot audit music lessons)
- **Closed Classes** (must have instructor's signature)
- Permission to **repeat a course** (if you received below a 2.0 in the class or withdrew from the class)*(If you received a 1.0, 1.3, or 1.7 you may improve your grade but will not earn additional credit)*
- **Course time conflicts** - section at end of form **MUST** be completed and signed by instructors involved.

NAME (Please Print) :									
STUDENT#:					DATE:				
PHONE#:									
SEMESTER: SUMMER 20 _____ SPRING 20 _____ FALL 20 _____									
DEPT.	CRS#	CRN#	Waive Pre-req. (√)	Audit Course (√)	Closed Class (√)	Repeat Course (√)	Time Conflict *See Below* (√)	Add (√)	Drop (√)
Instructor Signature:					printed name:				
Instructor Signature:					printed name:				
Instructor Signature:					printed name:				

***TIME CONFLICT – Describe, IN DETAIL, how the time conflict will be resolved. Any instructor involved MUST sign below in addition to the course detail section above.**

Instructor Signature/s: _____

Student Signature: _____

Submit Completed Form to the Office of the Registrar.