

# Special Registration Form

**SEATTLE**

Incomplete forms will not be accepted and may delay your registration. Submit your completed form first to the Student Accounts Office for clearance. You may be required to pay tuition at the time of registration.

Name \_\_\_\_\_ Term & Year \_\_\_\_\_

Student ID or SSN \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Birthdate \_\_\_\_\_

Complete Address \_\_\_\_\_

Registration Type		Additional Information
<input type="checkbox"/>	"Other Program"	For AUS students to register for credit in a course offered by another program. May register after priority registration and until registration closes.
<input type="checkbox"/>	Visiting Student	For non-AUS students to register in a course for credit. Tuition due at time of registration. May register after priority registration and until registration closes.
<input type="checkbox"/>	Audit	To register in a course for no credit. Audit fee due at time of registration. <b>Audit fee waivers available for:</b> AUS grads, students enrolled at least half-time and employees, though course fees may apply. Limit 2 free audits per term. <input type="checkbox"/> I qualify for an audit fee waiver based on these criteria. Registration is on a space available basis. May register only after the first class meeting.

Course Information (use additional forms as needed)		
Complete Course # Required (example: COUN-5900-1)	Course Title	# Credits (0 if audit)

x \_\_\_\_\_ Date \_\_\_\_\_

**Program signature** required for all registration types (see below)

**BA Completion Program:** BA Chair or Program Associate

**MA Counseling/MFT/Psychology:** Program Chair or Program Associate

**School of Education:** Program Dean or Office Manager

**PsyD Program:** Program Chair or Program Associate

x \_\_\_\_\_ Date \_\_\_\_\_

**Instructor signature** (required for audits only; to be signed at first class session only)

Registrant: I request registration in the class(es) noted and am responsible for payment of the associated tuition and fees. I agree to comply with the Student Financial Policies of Antioch University.

x \_\_\_\_\_ Date \_\_\_\_\_

**Student signature** (required)

Submit this form in person, by mail, fax or scan: AUS Student Services Office, 2400 3rd Ave Suite 200, Seattle WA 98121  
 studentservices.aus@antioch.edu • fax: 206-268-4242 • Questions? 206-268-4202

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**OFFICE USE ONLY**    Date Received \_\_\_\_\_    RG \_\_\_\_\_    SA \_\_\_\_\_    FA \_\_\_\_\_