Special Registration Form

Use this form to register: ***as a Visiting Student**
***as an Auditor**
***for a course outside of your program**

Name (print) _____ Term & Year_____

Student ID or SSN _____ Daytime Phone#_____

Email Address (Visitors only) _____

Complete Address_____

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.

☑	Registration Type	Additional Information
	"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.
	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.
	Audit	To register in a course for no credit. Audit fee due at time of registration. **Audit fee waivers available for:** AUS grads, students enrolled at least half-time and employees, though course fees may apply. Limit 2 free audits per term. ____☑ 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.

Required Program Signatures

B.A. Liberal Studies: Director, Office Manager or Program Associate (206) 268 4406
Center for Creative Change: Program Director or Associate, or Admissions Counselor (206) 268-4901
Programs in Education: Program Dean or Office Manager (206) 268-4600
M.A. Psychology: Admissions Counselor or Program Associate (206) 268-4810
Psy.D. in Psychology: Program Dean (206) 268-4810

Course Information (use additional forms as needed)

Complete Course # Required (ex. 30PSYC-590-1)	Course Title	# Credits (0 if audit)
30 - -		
30 - -		

X_____ Date_____
Required Program Signature (see above)

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 Registrar's Office**
Questions? (206) 268-4772 **2326 Sixth Ave.** **registrar@antiochseattle.edu**
Seattle, WA 98121-1814 **fax: (206) 268-4242**

Office Use Only	Date Recd	RG	SA	FA

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