



800 Wheatley Street, Americus, GA 31709-4379

REGISTRATION FORM TERM _____

gswID#: _____

Name: _____
Last
First
MI

Class Standing: FR SO JR SR GS SS

Total Credit Hours Earned: _____

Advisor's Name: _____

CRN	COURSE	TIME	CREDIT HOURS

ALTERNATIVE COURSES

CRN	COURSE	TIME	CREDIT HOURS

STUDENT SIGNATURE: _____ Total Hours: _____

ADVISOR SIGNATURE: _____ OVERLOAD: _____
 (19 or more credits, UG)
 (15 or more credits, GS)

Please clear any obligations (Campus Safety, Immunization, Business Office, Student Life) before coming to register.