

AUGSBURG COLLEGE

Day/AFA Registration Form

Registrar Office, 2211 Riverside Ave, CB 71, Minneapolis MN 55454

Term: _____ Year: 2 _____ - 2 _____

Mail to address above or fax to (612) 330-1425 or -1308

New Student/Readmit:

Augsburg College before:

Student Name: _____
Last First

Student ID#: _____

Address: _____

SS # _____

Please indicate if your contact information has changed:

Phone: _____ (H) _____ (W)

Email address: _____@augsbu.edu

Note: Emails will only be sent to Augsburg email addresses

DEPT/COURSE # (Ex: HIS 102)	TERM/SECTION LTR (Ex: 2006SEM2-A)	COURSE CREDIT	GRADE OPTION	TITLE	DAY	MEETING TIME	INSTRUCTOR

Student's Signature: _____	Date: _____	Department Signature: _____	Date: _____
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Faculty Signature _____	Date _____
____ Permission to enter this closed class: _____	
____ Permission to override prerequisite for: _____	
____ Student Teaching: _____	

IMPORTANT: Refer to the Augsburg College Catalog for course prerequisites.
Grade options: P = PASS/NO CREDIT; T = Traditional (4.0-0.0);
 V = Audit (must have instructor's signature)

Office use: Processor's signature: _____ Date: _____
 Credits: _____