

Office of the Registrar 420 West Main Street Main Hall 118 Danville, VA 24541

Phone: 434-791-5600, Fax: 434-791-7181

Request for AU ONLINE STUDENT to take traditional courses

STUDENT NAME:			STUDENT ID #		
AU EMAIL ADDRESS:			MAJOR/PROGRAM:		
PHONE NUMBER:			Student Success Coach (SSC):		
	*	This form allows	ALL Online students the flexibility to add tweditional courses to their school	ndo.	
		This form allows	AU Online students the flexibility to add traditional courses to their sched	uie.	
	COURSE	SECTION	COURSE TITLE	CREDIT HOURS	
ADD					
ADD					
ADD					
Requested Term:			Fall Spring		
Requested Session:			Session 1 Session 2 Session 4		
Requested Year:					
Students must check the box below: I recognize that I am registering for a full-time traditional course in session of the term. I understand that if this course has an on-campus requirement, I will be able to attend in-person classes in Danville, Va.					
MUST be completed by the SSC and then submitted to the Registrar's Office for approval.					
Student's Signature:			Date:		
SSC Signature:			Date:		