THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON DC

OFFICE OF THE REGISTRAR

REGISTRATION TRANSACTION FORM

TODAY'S DATE: (MM/DD/YY) _____

SEMESTER/YEAR:
- ❑ Spring _____
- ❑ Summer _____
- ❑ Fall _____

Student ID Number | Last Name | First | Middle | Date of Birth

CURRENT ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Day Phone Number: ( ) _____

Evening Phone Number: ( ) _____

Email Address: _____

FOR **OFF-CAMPUS & VA CAMPUS** STUDENTS ONLY:

Employer: _____

City: _____ State: _____ Zip: _____

MILITARY STATUS:
- ❑ Vocational Rehabilitation
- ❑ Reservist
- ❑ Military, Active Duty
- ❑ Military, Retired
- ❑ Military, Dependent

CAMPUS:
- ❑ Main Campus/MVC
- ❑ Virginia Campus
- ❑ Off Campus

STUDENT LEVEL:
- ❑ 00 Non-Degree
- ❑ 01 Undergraduate
- ❑ 02 Graduate
- ❑ 04 Law
- ❑ 05 Medicine

COURSE REQUEST

INSTRUCTIONS: COPY CRN, DEPT. ABBREVIATION, COURSE NO., SECTION AND CREDIT HOURS FROM THE SCHEDULE OF CLASSES

	CRN	DEPT. ABBR.	COURSE NUMBER	SECTION	CREDIT HOURS	COURSE TITLE	Grading Options A	C	P	R	Instructor or Departmental Approval Signature – Comments
REGISTER / ADD											
WITHDRAW / DROP											

Change Grading Status – Options:
- A = Audit
- C = Letter Grade
- P = Pass/No Pass *(undergraduate only)*
- R = Credit/No Credit *(graduate only)*

To Override Closure or Time Conflict Requires Instructor or Departmental Signature Approval

❑ I request the above action be performed. Today's Date: _____

Student's Signature: _____

For Official Use Only

ACTION TO BE TAKEN:
- ❑ Initial Registration
- ❑ Program Adjustment *(drop/add, grade type)*
- ❑ Course Withdraw *('W' grade applied)*

Dean's Signature*: _____

Today's Date: _____

Approved Effective Date *(affects refund rate)*:** _____

* required after certain deadline dates ** to be filled in by approver only

9/03

WHITE - REGISTRAR YELLOW - FILE PINK - STUDENT