

OFFICE OF THE REGISTRAR
REGISTRATION TRANSACTION FORM

TODAY'S DATE: (MM/DD/YYYY)

SEMESTER/YEAR:

Spring _____
Summer _____
Fall _____

Student ID _____

Last Name _____

First Name _____

MI _____

CURRENT ADDRESS:

Street: _____
City: _____ State: ____ Zip: _____
Day Phone Number: _____
Evening Phone Number: _____
E-mail Address: _____

FOR VIRGINIA CAMPUS & ARLINGTON STUDENTS ONLY:

Employer: _____
City: _____ State: ____ Zip: _____
MILITARY STATUS: Military, Active Duty
Vocational Rehabilitation Military, Retired
Reservist 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											Instructor or Dept. Initial Appropriate Box				COMMENTS					
CRN	DEPT. ABBR.	COURSE NUMBER	SECTION	CREDIT HOURS	COURSE TITLE	A	B	C	D											
REGISTER / ADD																				
WITHDRAW / DROP																				

A – Grant Instructor or Department Approval
B – Change Grading Status
A = Audit
C = Letter Grade
P = Pass/No Pass (undergraduate only)
R = Credit/No Credit (graduate only)
C – Override Closure or Tune Conflict
D – Other – Please explain above under “Comments”

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: _____

(Required after the 5th week of classes) Today's Date _____

Effective Date (affects refund rate): _____