

OFFICE OF THE REGISTRAR

Fredericksburg Campus Lee Hall 206 Phone: (540) 654-1063

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Stafford Campus South Building 144 Phone: (540) 286-8008 Fax: (540) 286-8005

COURSE REGISTRATION REQUEST

vame:						anner ID:	rerm:
Last	Fir	First		MI	_ '		
\ddress:							Telephone:
Degree Sought:	BA/BS	BLS	BPS	MEd I	MBA N	s Email:	
on the Office of pass,	of the Registrar's website /fail in the appropriate co	: http://aca lumns. Plac	ademics.um ce the TOT	nw.edu/regi: AL credits f	strar/course or the term	-schedules-and-registration/	suffixes and selection EXACTLY as they appear on the course listing. Write the course credits for each course to be taken for a letter a check in the Repeat Course column next to any course to be repeat one at which they enrolled.
CRN	Course Number	Sect	Graded	le Type P/F or S/U	Repeat Course*		Abbreviated Course Title
TOTAL CREDITS				Overload Authorization(Academic Services or Stafford) MAX: Authorized by: Students must pay additional fees for taking more than 18 credits			
3. Alternat	tive Courses: The cou	rses listed	below may	be used as	alternative	s to replace any of the abov	e courses should they not be available.
CRN	Course Number	Sect	Graded Graded	P/F or S/U	Repeat Course*		Abbreviated Course Title
Advisor Signature:				l	Date:		*Permission to Repeat a Course: To repeat a course, the original grade must be less than a C. No course may be repeated more than once. No more than three courses may be repeated in a single semester.
Student Signature:						ate:	
						nay confirm your registration	

Form R101