



**OFFICE OF THE REGISTRAR**

*Fredericksburg Campus*  
 Lee Hall 206  
 Phone: (540) 654-1063  
 Fax: (540) 654-2145

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

**NON-DEGREE COURSE REGISTRATION REQUEST**

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_ Term: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

**Course Registration Information:** Enter the course reference number (CRN) and course, including suffixes and selection EXACTLY as they appear on the course listing on the Office of the Registrar's website: [www.umw.edu/registrar](http://www.umw.edu/registrar). Write the course credits for each course to be taken for a letter grade or pass/fail in the appropriate columns. Place the TOTAL credits for the term in the indicated box. Place a check in the Repeat Course column next to any course to be repeated.

| CRN                  | Course Number | Sect | Grade Type |            | Repeat Course* | Abbreviated Course Title |
|----------------------|---------------|------|------------|------------|----------------|--------------------------|
|                      |               |      | Graded     | P/F or S/U |                |                          |
|                      |               |      |            |            |                |                          |
|                      |               |      |            |            |                |                          |
|                      |               |      |            |            |                |                          |
|                      |               |      |            |            |                |                          |
|                      |               |      |            |            |                |                          |
|                      |               |      |            |            |                |                          |
|                      |               |      |            |            |                |                          |
|                      |               |      |            |            |                |                          |
|                      |               |      |            |            |                |                          |
| <b>TOTAL CREDITS</b> |               |      |            |            |                |                          |

Overload Authorization(Academic Services or Stafford) MAX: \_\_\_\_\_ Authorized by: \_\_\_\_\_  
 Students must pay additional fees for taking more than 18 credits

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 I agree to pay all tuition & fees relating to this Course Registration Request.

\*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.

|                            |                    |            |          |              |       |
|----------------------------|--------------------|------------|----------|--------------|-------|
| <b>FOR OFFICE USE ONLY</b> |                    |            |          |              |       |
| Last Attended _____        | GPA Approval _____ | Hold _____ | VA _____ | Non-VA _____ | _____ |
| Date _____                 | Time _____         | By _____   | _____    |              |       |

Please allow 2-3 business days for your registration request to be processed. You may confirm your registration through your EagleNet account.