

University of Mary Washington New Student Course Registration Request Form

PLEASE COMPLETE BOTH PARTS A & B TO USE AS A GUIDE WHEN YOU REGISTER ONLINE.

Please **DO NOT** fax your registration form.

Name _____ Date of Birth _____ Term _____
last first middle initial

Mailing Address _____ Daytime Phone _____

A. COURSE REGISTRATION INFORMATION: Write your course request in the spaces below. Enter the CRN number and course, including suffixes and section numbers, **EXACTLY** as it appears in the Course Schedule. 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 box below.

CRN No.	COURSE NUMBER	SECT	No. of Credits	GRADE TYPE		ABBREVIATED COURSE TITLE
				GRADED	P/F or S/U	
Total Credits						

B. ALTERNATIVE COURSES: The courses listed below may be used as alternatives to replace any of the above courses should they not be available.

CRN No.	COURSE NUMBER	SECT	No. of Credits	GRADE TYPE		ABBREVIATED COURSE TITLE
				GRADED	P/F or S/U	

STUDENT SIGNATURE _____ DATE _____