UNIVERSITY OF MARY WASHINGTON

NON-DEGREE REGISTRATION REQUEST
OFFICE OF THE REGISTRAR

Name _____ SSN _____ Term _____
last first middle initial

Local Mailing Address _____ Daytime Phone _____

COURSE REGISTRATION INFORMATION: Write your course request in the spaces below. Enter the call number and course number, including suffixes and section numbers, **EXACTLY** as it appears in the Course Schedule Book. Indicate whether each course is 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. Place a check in the Repeat Course column next to any course to be repeated.

CRN	DISCIPLINE	COURSE NUMBER	SUFF	SECT	GRADE TYPE		*REPEAT COURSE	ABBREVIATED COURSE TITLE
					GRADED	P/F or S/U		
	TOTAL CREDITS						Overload Authorization (Academic Services) **MAX:**_____ **Authorized by:**_____	

Student Signature _____ Date _____

FOR OFFICE USE ONLY ID # _____

Last Attended_____ GPA Approval _____ VA_____ Non-VA_____ Hold _____

Date_____ Time _____ By _____