THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

Office of the Registrar **REGISTRATION TRANSACTION FORM**

http://registrar.gwu.edu • registrar@gwu.edu

This form must be submitted to your academic advisor or program office for approval. Students should not submit this form to the Registrar's Office.

Semester	Year		
□ Fall			
☐ Spring			
☐ Summer			

GWid			LAST NAME				FIRST NAME		EMAIL ADDRESS	
ADD							•			
CRN	SUBJECT	COURSE NUM	MBER	SECTION	CREDITS	TITLE		GRADE MC	DDE* INSTRUCTOR SIGNATURE	
	ļ					ļ		ļ		
DROP or WITHDRAW (please circle one)									TIME CONFLICT APPROVAL	
CRN	SUBJECT	COURSE NUM	MBER	SECTION	CREDITS	TITLE] [☐ YES ☐ NO	
									REPEAT COURSE FOR CREDIT	
] [□ YES □ NO	
								† [*GRADE MODE OPTIONS:	
								-	A= AUDIT	
									C= LETTER GRADE	
								'	P= PASS/NO PASS (undergraduates only)	
STUDENT LEVEL									R= CREDIT/NO CREDIT (graduates only)	
□ UNDERGRADUATE □ GRADUATE □ OTHER										
I request the above action be performed.						7 [AUTHORIZED SCHOOL OFFICIAL USE ONLY			
							\Box Prior to start of the semester	OR	Effective Date: / /	
Student Signature Date					 te		Signature: Today's Date:			
Note: This form cannot be used to register for a class that has a waitlist. Students will be added to the waitlist and if offered a coat, must then register through GWah.										