THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

Office of the Registrar

REGISTRATION TRANSACTION FORM

http://registrar.gwu.edu • registration@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 NUMBER	SECTION	CREDITS	TITLE	GRADE MODE*	INSTRUCTOR SIGNATURE

DROP or WITHDRAW (please circle one)

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE

TIME CONFLICT APPROVAL
☐ YES ☐ NO

REPEAT COURSE FOR CREDIT
☐ YES ☐ NO

***GRADE MODE OPTIONS:**

A= AUDIT
C= LETTER GRADE
P= PASS/NO PASS (undergraduates only)
R= CREDIT/NO CREDIT (graduates only)

STUDENT LEVEL
☐ UNDERGRADUATE ☐ GRADUATE ☐ OTHER_____

I request the above action be performed.

_____

Student Signature **Date**

AUTHORIZED SCHOOL OFFICIAL USE ONLY

☐ Prior to start of the semester OR Effective Date: ____ / ____ / ____

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 seat, must then register through GWeb.*