

Office of the Registrar
REGISTRATION TRANSACTION FORM

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Semester	Year
<input type="checkbox"/> Fall	_____
<input type="checkbox"/> Spring	_____
<input type="checkbox"/> 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
<input type="checkbox"/> YES <input type="checkbox"/> NO

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

<i>I request the above action be performed.</i>	
_____	_____
Student Signature	Date

AUTHORIZED SCHOOL OFFICIAL USE ONLY
<input type="checkbox"/> Prior to start of the semester OR Effective Date: ____ / ____ / ____
Signature: _____ Today's Date: _____