



OFFICE OF THE REGISTRAR

REGISTRATION TRANSACTION FORM

TODAY'S DATE: (MM/DD/YYYY)

SEMESTER/YEAR:

- Spring _____
- Summer _____
- Fall _____

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| Student ID | Last Name | First | MI |
| CURRENT ADDRESS: Street: _____ City: _____ State: _____ Zip: _____ Day Phone Number: () _____ Evening Phone Number: () _____ E-mail Address: _____ | | FOR OFF-CAMPUS & VA CAMPUS STUDENTS ONLY Employer: _____ City: _____ State: _____ Zip: _____ MILITARY STATUS: <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Military, Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Military, Retired <input type="checkbox"/> Military, Dependent | |
| | | CAMPUS: <input type="checkbox"/> Main Campus/MVC <input type="checkbox"/> Virginia Campus <input type="checkbox"/> Off Campus | STUDENT LEVEL: <input type="checkbox"/> 00 Non-Degree <input type="checkbox"/> 01 Undergraduate <input type="checkbox"/> 02 Graduate <input type="checkbox"/> 04 Law <input type="checkbox"/> 05 Medicine |

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| COURSE REQUEST | INSTRUCTIONS: COPY CRN, DEPT. ABBREVIATION, COURSE NO., SECTION, AND CREDIT HOURS FROM THE SCHEDULE OF CLASSES | | | | | | | | | | Instructor or Dept. Initial Appropriate Box | | | | COMMENTS |
| | | CRN | DEPT. ABBR. | COURSE NUMBER | SECTION | CREDIT HOURS | COURSE TITLE | A | B | C | D | | | | |
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A — Grant Instructor or Department Approval
 B — Change Grading Status
 A = Audit
 C = Letter Grade
 P = Pass/No Pass (undergraduate only)
 R = Credit/No Credit (graduate only)
 C — Override Closure or Tune Conflict
 D — Other - Please explain above under "Comments"

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| <input type="checkbox"/> I request the above action be performed. Today's Date: _____ Student's Signature: _____ | <i>For Official Use Only</i> ACTION TO BE TAKEN: <input type="checkbox"/> Initial Registration <input type="checkbox"/> Program Adjustment (<i>drop/add, grade type</i>) <input type="checkbox"/> Course Withdraw (<i>'W' grade applied</i>) | Dean's Signature: _____ (Required after the 9th week of classes) Today's Date: _____ Effective Date (affects refund rate): _____ |
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