

OFFICE OF THE REGISTRAR
REGISTRATION TRANSACTION FORM

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

SEMESTER/YEAR:

- Spring _____
 Summer _____
 Fall _____

Student ID Number Last Name First Middle Date of Birth

CURRENT ADDRESS:

Street: _____
City: _____ State: _____ Zip: _____
Day Phone Number: () _____
Evening Phone Number: () _____
Email Address: _____

FOR OFF-CAMPUS & VA CAMPUS STUDENTS ONLY:

Employer: _____
City: _____ State: _____ Zip: _____
MILITARY STATUS:
 Vocational Rehabilitation Military, Active Duty
 Reservist Military, Retired
 Military, Dependent

CAMPUS:

- Main Campus/MVC
 Virginia Campus
 Off Campus

STUDENT LEVEL:

- 00 Non-Degree
 01 Undergraduate
 02 Graduate
 04 Law
 05 Medicine

INSTRUCTIONS: COPY CRN, DEPT. ABBREVIATION, COURSE NO., SECTION AND CREDIT HOURS FROM THE SCHEDULE OF CLASSES

Grading Options

Instructor or Departmental Approval
Signature - Comments

COURSE REQUEST

REGISTER / ADD	CRN					DEPT. ABBR.	COURSE NUMBER		SECTION	CREDIT HOURS	COURSE TITLE	A	C	P	R	Instructor or Departmental Approval Signature - Comments

COURSE REQUEST

WITHDRAW / DROP	CRN					DEPT. ABBR.	COURSE NUMBER		SECTION	CREDIT HOURS	COURSE TITLE	Change Grading Status - Options: A = Audit C = Letter Grade P = Pass/No Pass (undergraduate only) R = Credit/No Credit (graduate only)				To Override Closure or Time Conflict Requires Instructor or Departmental Signature Approval

I request the above action be performed. Today's Date: _____

Student's Signature: _____

For Official Use Only

ACTION TO BE TAKEN:

- Initial Registration
 Program Adjustment (*drop/add, grade type*)
 Course Withdraw (*'W' grade applied*)

Dean's Signature*: _____

Today's Date: _____

Approved Effective Date (*affects refund rate*)**: _____

* required after certain deadline dates ** to be filled in by approver only