THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

REGISTRATION TRANSACTION FORM CLASSIC

This form must be submitted to your academic advisor or program office for approval.

Semester	Year
☐ Fall	_____
☐ Spring	_____
☐ Summer	_____

GWid	LAST NAME	FIRST NAME	EMAIL ADDRESS

ADD

CRN	SUBJECT	COURSE	SECTION	CREDITS	LEVEL	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.*

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