

Georgetown University Course Registration Changes

Name: _____ GUID #: _____ Term: _____
Last Name First Name

School: _____ Athlete: Yes _____ No _____ International Student: Yes _____ No _____

Degree Level: Undergraduate _____ Graduate _____ Graduating this Semester: Yes _____ No _____

DROP							Official Use Only		
Course Subject	Number	Sec.	CRN	Credits	Course Title	Instructor Name	DEL / W	Refund Rate	Effective Date

ADD								Instructor/Dept Approval			Dean/Dept		
Course Subject	Number	Sec.	CRN	Credits	Course Title	Level: U or G	Indicate if P/F or AU	Instructor Last Name	Instructor signature or Dept. Approval	Over Tally	Prereq Override	Time Conflict Override	Restriction Override

Total Credit Hours Before Changes on this Form: _____ Total Credit Hours After Changes on this Form: _____

SIGNATURES

Student: _____ Net ID: _____ Date: _____
 Dean or Dept. Advisor: _____ Net ID: _____ Date: _____

Please retain a copy for your records. This form must be submitted to the University Registrar. Registrar: _____ Date: _____