

Georgetown University Course Registration Changes

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

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

Degree Level: Undergraduate Graduate Senior Auditor Graduating this Semester: Yes No

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

ADD								Instructor/Dept Approval				Dean/Dept	
Course Subject	Number	Sec.	CRN	Credits	Course Title	Level : U or G	Regular Grade unless you indicate P/F or AU	Instructor Last Name	<i>Please initial</i>			<i>Please initial</i>	
									<i>Instructor signature or Dept. Approval</i>	Class Over Tally	Permission of Instructor	Prerequisite Override	Time Conflict 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: _____ For Graduates GSAS: _____

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