

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