



NON-DEGREE REGISTRATION REQUEST
OFFICE OF THE REGISTRAR

Name _____ ID# _____ Term Spring 2012
last first middle initial
 Local Mailing Address _____ Daytime Phone _____
 Email Address _____ Evening Phone _____

COURSE REGISTRATION INFORMATION: Write your course request in the spaces below. Enter the course reference number and the course number, including suffixes and section numbers, **EXACTLY** as it appears in the Course Schedule on the web. Indicate whether each course is to be taken for a letter grade or pass/fail in the appropriate columns.
 Text
 Place the **TOTAL** credits for the term in the box below. Place a check in the Repeat Course column next to any course to be repeated.

CRN					DISCIPLINE				COURSE NUMBER			SUFF	SECT		GRADE TYPE		*REPEAT COURSE	ABBREVIATED COURSE TITLE
1	4	0	3	7	T	E	S	L	5	3	2		0	1	GRADED	P/F or SU		
1	4	0	3	7	T	E	S	L	5	3	2		0	1				Stafford Campus
													TOTAL CREDITS				Overload Authorization (Academic Services) MAX: _____ Authorized by: _____	

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Last Attended _____ GPA Approval _____ VA _____ Non-VA _____ Hold _____

Date _____ Time _____ By _____