### OFFICE OF THE REGISTRAR
REGISTRATION TRANSACTION FORM

**Student ID** | **Last Name** | **First** | **MI**
---|---|---|---

**CURRENT ADDRESS:**

<table>
<thead>
<tr>
<th>Street:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Day Phone Number:</th>
<th></th>
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</thead>
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<table>
<thead>
<tr>
<th>Evening Phone Number:</th>
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<table>
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<tr>
<th>E-mail Address:</th>
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</thead>
</table>

**FOR OFF-CAMPUS & VA CAMPUS STUDENTS ONLY**

<table>
<thead>
<tr>
<th>Employer:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

**MILITARY STATUS:**

- [ ] Military, Active Duty
- [ ] Vocational Rehabilitation
- [ ] Military, Retired
- [ ] Reservist
- [ ] Military, Dependent

**CAMPUS:**

- [ ] Main Campus/MVC
- [ ] Virginia Campus
- [ ] Off Campus

**STUDENT LEVEL:**

- [ ] 00 Non-Degree
- [ ] 01 Undergraduate
- [ ] 02 Graduate
- [ ] 04 Law
- [ ] 05 Medicine

**TODAY’S DATE:** (MM/DD/YYYY)

**SEMESTER/YEAR:**

- [ ] Spring
- [ ] Summer
- [ ] Fall

**COURSE REQUEST**

- [ ] Register/Add
- [ ] Withdraw/Drop

**INSTRUCTIONS:** COPY CRN, DEPT. ABBREVIATION, COURSE NO., SECTION, AND CREDIT HOURS FROM THE SCHEDULE OF CLASSES

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
</table>

**INSTRUCTOR OR DEPT. INITIAL APPROPRIATE BOX**

- [ ] A—Grant Instructor or Department Approval
- [ ] B—Change Grading Status
- [ ] A=Audit
- [ ] C=Letter Grade
- [ ] P=Pass/No Pass (undergraduate only)
- [ ] R=Credit/No Credit (graduate only)
- [ ] C—Override Closure or Tune Conflict
- [ ] D—Other - Please explain above under “Comments”

**COMMENTS**

- [ ] I request the above action be performed.

**Today’s Date:**

**For Official Use Only**

**ACTION TO BE TAKEN:**

- [ ] Initial Registration
- [ ] Program Adjustment (drop/add, grade type)
- [ ] Course Withdraw (‘W’ grade applied)

**Dean’s Signature:**

(Required after the 9th week of classes) **Today’s Date:**

**Effective Date (affects refund rate):**

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Student’s Signature:

04/02