

COURSE REGISTRATION REQUEST

Name: _____ Banner ID: _____ Term: _____
Last First MI

Address: _____ Telephone: _____

Degree Sought: BA/BS BLS BSN MEd MBA MS Email: _____

A. Course Registration Information: Enter the course reference number (CRN) and course, including suffixes and section EXACTLY as they appear on the course listing on the Office of the Registrar's website: <http://academics.umw.edu/registrar/course-schedules-and-registration/>. Write the course credits for each course to be taken for a letter grade or pass/fail in the appropriate columns. Place the TOTAL credits for the term in the indicated box. Place a check in the Repeat Course column next to any course to be repeated. Students are required to have written, signed permission to take a major course at the campus other than the one at which they enrolled.

CRN	Course Number	Sect	Grade Type		Repeat Course*	Abbreviated Course Title
			Graded	P/F or S/U		
TOTAL CREDITS			Overload Authorization(Academic Services or Stafford) MAX: _____ Authorized by: _____ Students must pay additional fees for taking more than 18 credits			

B. Alternative Courses: The courses listed below may be used as alternatives to replace any of the above courses should they not be available.

CRN	Course Number	Sect	Grade Type		Repeat Course*	Abbreviated Course Title
			Graded	P/F or S/U		

Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

I agree to pay all tuition & fees relating to this Course Registration Request.

*Permission to Repeat a Course:
To repeat a course, the original grade must be less than a C. No course may be repeated more than once. No more than three courses may be repeated in a single semester.

Please allow 2-3 business days for your registration request to be processed. You may confirm your registration through myUMW.