

Registration Transaction Form

Semester (indicate year):

Fall _____
 Spring _____
 Summer _____

Last Name: _____ First Name: _____ M.I.: _____

GWID: G _____ - _____ - _____ Daytime phone: _____ Email _____

Local Address: _____

Your student status in the semester for which you are registering:

2L 3L 4L LL.M. Day Eve

Notice:

- Only Joint-Degree students should register for non-Law School classes using this form. All other students should use the ***Request to Register in Another Division of GW*** form.
- Students wishing to take a normally-graded class on a CR/NC basis should register for the class on this form and submit it along with a ***Request to Change the Grading Status of a Law School Course*** form.

	CRN					Dept. Abbr.	Course No.				Sect.	Credits	Course Title
REGISTER/ADD													

WITHDRAW/DROP													

Student's Signature: _____ Date: _____	Date Registered: _____
Records Office Signature: _____ Date: _____	Registered By: _____
Dean's Signature: _____ Date: _____ <i>(if applicable)</i>	
Professor's Signature: _____ Date: _____ <i>(only if required by the Dean of Students)</i>	