



Office of the University Registrar
4400 University Drive, MS 3D1
Fairfax, VA 22030
(703) 993-2000

GRADUATE STUDENT REQUEST FOR UNDERGRADUATE COURSE REGISTRATION

Student's Name: _____ G#: _____

Mason E-mail: _____ Student's Phone: _____

Requested Term/Year: Spring Summer Fall _____
Year

CRN	Department	Course #	Section #	# of Credits

	I intend to use VA Education Benefits to cover the cost of this course
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_____ Date _____
Student's Signature

1. Submit this form to the Office of the University Registrar by the Last Day to Add the course. See registrar.gmu.edu for specific add deadlines.
2. It is the student's responsibility to verify enrollment via Patriot Web within 2 business days.
3. If the course is closed please contact the instructor of the course for permission to register.

Permission of Instructor required (if closed*):

_____ Date _____
Instructor's Signature

*Please note that some departments may have different capacity overload procedures. Contact department for their specific policy.

Registrar's Office: _____/_____

08/2021