

Address:

OFFICE OF THE REGISTRAR

Fredericksburg Campus Lee Hall 206 Phone: (540) 654-1063 Fax: (540) 654-2145

Office Use Only						
DATE						
USER						

Term: _____

NON-DEGREE COURSE REGISTRATION REQUEST

_____ ID Number: ____

Email:					Telephone:		
course listing course to be	gistration Informa g on the Office of the taken for a letter g se column next to a	ne Registrar' grade or pas:	's website : s/fail in th	http://aca e appropri	ce number (ademics.um iate columns	CRN) and course, including suffixes and section EXACTLY as they appear on the w.edu/registrar/course-schedules-and-registration/. Write the course credits for each s. Place the TOTAL credits for the term in the indicated box. Place a check in the	
CRN	Course	Sect	Grade Type Graded P/F or S/U		Repeat Course*	Abbreviated Course Title	
ALTERNATE CO	DURSES: The course	s listed held	ow may be	used to r	enlace any o	Overload Authorization(Academic Services or Stafford) MAX: Authorized by: Non-degree students are limited to 11 credits per semester. of the above courses should they not be available.	
CRN	Course	Sect		e Type P/F or S/U	Repeat	Abbreviated Course Title	
Total credits for	the semester						
Student Signatur	e:				Da	te:	
*Permission to Reprepeated in a single		t a course, the	original grad	de must be le	ess than a C. N	o course may be repeated more than once. No more than three courses may be	