
**George Mason University
Office of the Registrar**

**Graduate Student Request for
Undergraduate Course Registration**

Student's Name: _____ Term/Year: _____

Student's G/I.D. Number: _____ Student's Phone: _____

CRN

Department

Course Number

Section

Credits

Student's Signature _____

1. Submit this form to the Office of the Registrar by the *end of the add period*.
2. It is the student's responsibility to verify enrollment via Patriotweb 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 some departments may have different capacity overload procedures. Please see the department for the policy.