



For Office Use Only:
 Initials: _____
 Date: _____

FALL Registration Form

Locust Grove Campus - 2130 Germanna Highway - Locust Grove, VA 22508-2102 - (540) 423-9122
 Fredericksburg Area Campus - 10000 Germanna Point Drive - Fredericksburg, VA 22408-9543 - (540) 891-3020

Student ID: _____ Curriculum/Degree Program: _____

Name: _____
LAST NAME FIRST NAME MIDDLE/MAIDEN

Address: _____

Phone: Home: (____) _____ Work: (____) _____

Class Number	Subject	Course Number	Course Section	Ses-sion	"X" if Audit	"X" If Repeat	Course Title	Credit	Day(s)	Time
11479	SDV	100	91	1			College Success Skills	1	TH	2-3:50

Are you receiving GI-Bill benefits for tuition? GI-Bill benefit recipients **must** notify the Veterans Coordinator of any changes they make.

INSTRUCTIONS:

- It is recommended you see a counselor or advisor if your cumulative GPA is less than 2.0
- Students requiring developmental courses, it is suggested you meet with an advisor or counselor before registering (for example: ENG 04, MTH 03)
- All students must meet course prerequisites

Note: If student attended an institution other than Germanna, documentation of prerequisites must be provided.

If you do not meet the above criteria, your registration must be approved by a counselor or advisor (see PERMISSION TO REGISTER below).

For further information, contact the Admissions & Records Office at either campus.

ADVISOR COMMENTS: _____

I have assessed this student's educational background and experience and, in my professional opinion, he/she has the required reading, writing, and/or math skills to enroll in the courses listed above.

I understand that I am responsible for having satisfied all placement testing requirements, prerequisites, and co-requisites, and that I must pay for the class(es) to complete this registration by the appropriate payment deadline.

 Advisor/Counselor Signature Date

 Student Signature Date

REQUEST FOR EXCEPTIONS (Check all that apply and submit to Admissions & Records)

Request to register for more than 18 credits excluding SDV 100. (GPA 3.0 Required)
 Approved/Disapproved: _____ GPA: _____

Request permission to audit the following classes: _____
 *Audited Classes are not counted in your course load for Financial Aid.
 Approved/Disapproved: _____ Reason: _____

Signature of Dean: _____