



For Office Use Only:
 Initials: _____
 Date: _____

SUMMER 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 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: _____