

ADDITIONAL CREDIT HOUR APPLICATION

CCAS Undergraduate Studies Office
801 22nd St, NW
Phillips Hall 107
Washington, DC 20052
Phone: (202) 994-6210 Fax: (202) 994-6213



Arts &
Sciences

In exceptional circumstances and with the prior approval in writing of the instructor and the dean, a student may register for and earn an additional hour of credit in an upper-level undergraduate course within the College by doing a significant amount of extra work as assigned and supervised by the instructor.

The following criteria must be met in order to apply for an additional credit hour:

- Course must be offered by a department within the Columbian College of Arts & Sciences.
- Course must be considered upper-level (2000-4000).
- Instructor and student must agree upon and specify a significant amount of extra work.

Deadline: Friday of the 10th week of classes during the fall & spring semesters and by the Friday of the 4th week of the summer session in which the course is being taken.

Note: Note: Students attempting to register for 18 or more credits will be required to apply for a course overload through CCAS and will be subject to additional tuition charges per credit hour.

Submission of application does not guarantee approval.

Name: _____ GWid:

G								
---	--	--	--	--	--	--	--	--

Last Name First Name M.I.

Daytime Phone: _____ GW E-mail: _____@gwmail.gwu.edu

The course gaining an additional credit hour for the _____ semester:

CRN	SUBJEC	COURSE NUMBER	SECTION	CREDITS	TITLE	INSTRUCTOR NAME

Along with this request, submit a completed RTF (including instructor signature) with the course listed for 4 credits in the "Add" section and listed again for 3 credits in the "Drop" section.

COURSE INSTRUCTOR

Please specify additional work being completed:

Instructor Name (print and sign): _____ Date: _____

FOR OFFICE USE ONLY

Comments: _____ Action Taken: Approved Denied

Office of the Registrar
REGISTRATION TRANSACTION FORM

http://registrar.gwu.edu • registrar@gwu.edu

This form must be submitted to your academic advisor or program office for approval. Students should not submit this form to the Registrar's Office.

Semester	Year
<input type="checkbox"/> Fall	_____
<input type="checkbox"/> Spring	_____
<input type="checkbox"/> Summer	_____

GWid	LAST NAME	FIRST NAME	EMAIL ADDRESS

ADD

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE	GRADE MODE*	INSTRUCTOR SIGNATURE

DROP or WITHDRAW (please circle one)

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE

TIME CONFLICT APPROVAL

YES NO

REPEAT COURSE FOR CREDIT

YES NO

***GRADE MODE OPTIONS:**

A= AUDIT

C= LETTER GRADE

P= PASS/NO PASS (undergraduates only)

R= CREDIT/NO CREDIT (graduates only)

I request the above action be performed.

Student Signature

Date

AUTHORIZED SCHOOL OFFICIAL USE ONLY

Prior to start of the semester OR Effective Date: ___ / ___ / ___

Signature: _____

Today's Date: _____