

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: _____
Last Name First Name M.I.

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| G | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

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 |

Action Taken: Approved Denied

**Office of the Registrar
REGISTRATION TRANSACTION FORM**
<http://registrar.gwu.edu> • registration@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)

Must be submitted by: _____

| CRN | SUBJECT | COURSE NUMBER | SECTION | CREDITS | TITLE |
|-----|---------|---------------|---------|---------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| TIME CONFLICT APPROVAL |
|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO |

| REPEAT COURSE FOR CREDIT |
|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO |

***GRADE MODE OPTIONS:**
 A= AUDIT
 C= LETTER GRADE
 P= PASS/NO PASS (undergraduates only)
 R= CREDIT/NO CREDIT (graduates only)

| STUDENT LEVEL |
|---|
| <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> OTHER _____ |

AUTHORIZED SCHOOL OFFICIAL USE ONLY

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

Signature: _____ Today's Date: _____

I request the above action be performed.

Student Signature

Date

