Name: 
Address: 
GMU E-Mail: 
Phone: Home 
City State Zip Phone: Cell/Work 
Student Status:  
□ freshman  □ sophomore  □ junior  □ senior  □ master’s  □ doctoral  □ non-degree 
Program: 
Concentration: 

ACADEMIC REQUEST:

Current Semester: 
□ Total Withdrawal (all courses)*  □ Partial Withdrawal 
□ Course Add  □ Selective Course Withdrawal (undergraduate students only) 
Specify course(s): ____________________________________________________________ 

Previous Semester(s): 
□ Total Withdrawal (all courses)*  □ Partial Withdrawal 
□ Course Add  □ Selective Course Withdrawal (undergraduate students only) 
Specify course(s): ____________________________________________________________ 

Future Semester: 
□ Study Elsewhere*+ 
(Study Elsewhere form required with Advisor signature. Form available on Registrar’s website at http://www.registrar.gmu.edu/forms. Study Elsewhere not available for Non-Degree students.) 
□ Credit Overload 
□ Return from suspension  (All students making this request must first see an Advisor.) 
□ Return from dismissal  (All students making this request must first see an Advisor.) 
□ Other (specify): 

* Requests for tuition refunds must be directed independently to the Student Accounts Office using the Tuition Exception Request (http://fiscal.gmu.edu/forms/). 
+ If you are receiving some form of Financial Aid, please review your status with the Office of Financial Aid before pursuing this action request.

REQUEST INSTRUCTIONS:

To be considered, the following information must be submitted with this form. Please do not send documents separately.

□ On a separate sheet of paper, write the details of your request including dates, specific course numbers, and appropriate references. Please include your name, date, and G Number.

□ Include all relevant documents (e.g. medical or employer verification) substantiating and supporting your request. All information provided will be treated confidentially.

Student Signature __________________________ Date: __________________________

DEPARTMENT USE:

Date Received: __________ (initials) ______ Date Action Taken: __________ (initials) ___________
Action Recommendation: ________________________________________________________________

Student Notification: E-Mail Date: __________ Mail Date: __________ Pick Up: __________

PLEASE RETURN COMPLETED FORM WITH DOCUMENTATION TO THE ADDRESS LISTED ABOVE.