

Georgetown University

Visiting, Non-Degree Status Request for Registration Form

Please return your completed application to the *SCS Office of Academic Affairs & Compliance*, via fax to 202-687-8954; or hand-deliver or mail to 3307 M Street, Suite 202; Washington, DC 20057.

- Graduate-level courses only, numbered 350 or higher.
- Maximum of 9 credits per registrant in visiting status.
- Completed undergraduate degree from an accredited institution.
- Registration confirmation does not indicate acceptance or admission into any Georgetown academic program.
- Visiting Non-Degree Registration requirements, policies, and procedures detailed on [website](#).
- All signatures must be present and legible or request for registration cannot be considered for review.

Personal Information

Name (last, first, middle initial):		Date of Birth:	Gender:	Social Security Number:
Permanent Home Address:				
City:	State:	Zip:	Country of Citizenship:	
Email Address:		Former Name(s):		
Primary Telephone:		Secondary Telephone:		
Country of Residency:				

Required Supplemental Documentation

- Official undergraduate transcript posting degree, conferral date, and minimum cumulative GPA of 3.00
- Official Graduate transcript (if applicable) showing minimum cumulative GPA of 3.00
- TOEFL scores (if applicable) with a minimum score of 600 (paper-based test), 250 (computer-based test) or 100 (iBT)
 - Have you been denied admission to a graduate-level program at Georgetown University? () Yes () No
 - Have you ever been suspended or dismissed or received a leave of absence from G.U. or any other institution of higher education for any reason? () Yes () No If yes, please attach an explanation.

Requested Course (Example: GOVT-400-01; one course per form)

_____ - _____ - _____, Credits: _____ Title: _____

Required Signatures – Signature indicates registrant’s agreement to all terms, conditions, policies, and procedures of this program and Georgetown University; department has reviewed registrant’s credentials and space availability for requested course.

Registrant Signature: _____ Date: _____

Faculty Name: _____ Signature: _____ Date: _____

Dept. Chair Name: _____ Signature: _____ Date: _____

*Dept. Chair can sign in place of the Faculty member.

SCS Office for Academic Affairs & Compliance Signature: _____ Date: _____

*Final signature from the SCS Office for Academic Affairs & Compliance will be done after formal review.

Students will only be registered space permitting, unless you check this box.