



Office of the University Registrar
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INDIVIDUALIZED SECTION

For Independent Study, Thesis, Internship, and Directed Reading Registration

Student's ID/G Number _____

Student's Name (Please Print Last, First, MI) _____

Course Title: _____
 Limited to 30 Characters Including Spaces

_____ for _____ Credits
 Subject Course #

Year _____ Semester: Fall Spring Summer

For Summer Only - Part of Term Requested:

Campus _____ (Note: Default is Fairfax)

1A 1B 1C 1S

(Note: Default is Part of Term 1I)

Instructor's Name (Last, First) _____ Email _____

For Office Use Only			
Section _____	CRN _____	Initials _____	Date _____

Department Chair

College Dean/Director (if required by School or Dept)