

University of the Incarnate Word Registration Form

Semester/ Year		Classification	
Name		Student ID	
Advisor		Major	

You are responsible for cancelling your registration if you do not plan to attend class or complete the course requirements for which you registered.

Course Selection (confirm all pre-requisites)								
CRN	Dept	Number	Sec	Title	Hrs	AU/PF	Days	Time

Alternate Course Selection (confirm all pre-requisites)								
CRN	Dept	Number	Sec	Title	Hrs	AU/PF	Days	Time

Registration Approval Signatures						
CRN	Dept	Number	Sec	Indicate the Reason for Your Approval	Instructor Signature	Dean's Signature
				<input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Class Limit <input type="checkbox"/> Over-ride Pre-requisite		
				<input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Class Limit <input type="checkbox"/> Over-ride Pre-requisite		
				<input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Class Limit <input type="checkbox"/> Over-ride Pre-requisite		
				<input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Class Limit <input type="checkbox"/> Over-ride Pre-requisite		

3/13/07 8:55 AM

UIW relies upon you to keep your address and phone number updated each semester. Confirm online.

Student Signature: _____ Date: _____

Advisor Signature _____ Date: _____