



UNIVERSITY OF THE INCARNATE WORD
DEPARTMENT OF STUDENT SUCCESS
STUDENT ATHLETE REGISTRATION FORM

Name: _____ ID #: _____ Sport: _____ Term: _____

Major: _____ Cell: _____ Alt PIN#: _____

| | | | | | | | | |
|---|------|--------|--|------|------|--|--|-----------------|
| HOLDS (if applicable) | | | PRACTICE TIMES: LIFT TIMES: COMPETITION/TRAVEL DAYS: | | | | | SIGNATURE/NOTES |
| * Athletics Flag hold will be released | | | | | | | | |
| Registrar's Hold Dean's Hold Business Office Hold | | | | | | | | |
| CRN | DEPT | NUMBER | SECTION | DAYS | TIME | Check box to indicate reason for Signature. | | |
| | | | | | | <input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Pre-requisite <input type="checkbox"/> Time-Conflict | | |
| | | | | | | <input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Pre-requisite <input type="checkbox"/> Time-Conflict | | |
| | | | | | | <input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Pre-requisite <input type="checkbox"/> Time-Conflict | | |
| | | | | | | <input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Pre-requisite <input type="checkbox"/> Time-Conflict | | |
| | | | | | | <input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Pre-requisite <input type="checkbox"/> Time-Conflict | | |
| | | | | | | <input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Pre-requisite <input type="checkbox"/> Time-Conflict | | |
| | | | | | | <input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Pre-requisite <input type="checkbox"/> Time-Conflict | | |
| | | | | | | <input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Pre-requisite <input type="checkbox"/> Time-Conflict | | |
| | | | | | | <input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Pre-requisite <input type="checkbox"/> Time-Conflict | | |
| | | | | | | <input type="checkbox"/> Signature Requirement <input type="checkbox"/> Over-ride Pre-requisite <input type="checkbox"/> Time-Conflict | | |

_____ Advisor Signature and Date

_____ Printed Name

I agree to be registered in the courses listed above. It is my responsibility to choose class times that will not interfere with practice, competitions, or travel. I have verified the information documented on this form. I **understand that I will not be registered for classes that I do not meet the prerequisite requirements for or that conflict with another class time without the appropriate signatures.**

Student Signature and Date: _____



SCHEDULE PLANNER

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|------|--------|---------|-----------|----------|--------|
| 7AM | | | | | |
| 8AM | | | | | |
| 9AM | | | | | |
| 10AM | | | | | |
| 11AM | | | | | |
| 12PM | | | | | |
| 1PM | | | | | |
| 2PM | | | | | |
| 3PM | | | | | |
| 4PM | | | | | |
| 5PM | | | | | |
| 6PM | | | | | |
| 7PM | | | | | |
| 8PM | | | | | |

*Note: When using this schedule planner be sure to write down the following as you are selecting classes: the course CRN, the class name, and the start and end times.