



**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		
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						<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 register for 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 cannot register 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

**Note:** When using this schedule planner be sure to write down the following as you are selecting classes: the course CRN, the course subject, the course number and the course section number.

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 – 8:45 AM					
9:00 – 10:15 AM					
10:30 – 11:45 AM					
12:00 – 1:15 PM					
1:30 – 2:45 PM					
3:00 – 4:15 PM					
4:30 – 5:45 PM					
6:00 – 7:15 PM					
7:30 – 8:45 PM					
<u>Evening/Night Classes</u>					
6:30 – 9:15 PM					
7:45 – 9:00 PM					