



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: _____