



University of the Incarnate Word
 Office of the Registrar
 4301 Broadway, CPO 304
 San Antonio, Texas 78209
 Phone: (210) 829-6006

Registration/Add/Drop Form

******* IMPORTANT NOTICE TO STUDENTS *******

YOUR signature on this form confirms your acknowledgment of and compliance with the following policies:

1. You are responsible for cancelling your enrollment if you do not attend class/complete course requirements
2. You are responsible for all financial obligations *and* grades associated with your enrollment, whether or not you attend class
3. Fees for late schedule adjustments will be automatically applied to your student account
 (For deadlines, refer to academic calendar online at www.uiw.edu/registrar)

Semester/Year: Fall _____ Spring (Includes Winterterm) _____ Summer (Includes Maymester) _____

Student Name: _____ Student ID: _____

Phone Number: (____) _____ E-Mail: _____

Student Signature _____ Date _____ Advisor Signature* _____ Date _____

REGISTRATION or COURSE(S) ADDITION						
CRN (5 Digits)	Subject (ENGL)	Number (1301)	Section (01/ONL)	Grade Mode N = Normal A = Audit P/F = Pass/Fail	Override Approval Signature (If Required) Check Appropriate Box	Dean/Instructor Signature **Provide Signature Alone for 3'peat Override **
					<input type="checkbox"/> Instructor <input type="checkbox"/> Class Limit <input type="checkbox"/> Time Conflict <input type="checkbox"/> Pre-req.	
					<input type="checkbox"/> Instructor <input type="checkbox"/> Class Limit <input type="checkbox"/> Time Conflict <input type="checkbox"/> Pre-req.	
					<input type="checkbox"/> Instructor <input type="checkbox"/> Class Limit <input type="checkbox"/> Time Conflict <input type="checkbox"/> Pre-req.	
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					<input type="checkbox"/> Instructor <input type="checkbox"/> Class Limit <input type="checkbox"/> Time Conflict <input type="checkbox"/> Pre-req.	
					<input type="checkbox"/> Instructor <input type="checkbox"/> Class Limit <input type="checkbox"/> Time Conflict <input type="checkbox"/> Pre-req.	

*Advisor signature required for all registration/add

Total Reg./Add Hours _____

DROP CLASSES (Withdrawal Form required to drop ALL classes)				
CRN (5 Digits)	Subject (ENGL)	Number (1301)	Section (01/ONL)	
				*** Class Drop NOTICES *** 1) Contact the following offices, as applicable: Financial Assist., Military/Veterans Ctr., ISSS <u>before</u> dropping any class(es) 2) Drop/Withdrawal may affect graduation status 3) Dropping classes may not remove charges from student account

Total Drop Hours _____