

## **REGISTRATION/ADD/DROP FORM**

Please Print Clearly
Refer to the Academic Calendar for Class Registration Deadlines

Name:					Semester:	Year:	
Name:							
Address:					Maior:		
City:State/Zip: Phone:					☐ Undergraduate ☐ Graduate		
Phone:					□ Doctoral	☐ Non-Degree	
					additional tuition and fees pr new class schedule, please lo	ior to the tuition payment deadline og on to the <i>Blue &amp; Gold</i>	
Check Applicable Box(es)							
	CRN	Subject	Course #	Section #	Course Title	Instructor's Signature *	
□Add □ Drop							
□Add □ Drop							
□Add □ Drop							
□Add □ Drop							
□Add □ Drop							
* By signing th	nis form, inst	tructor is author	orizing the R	egistrar's Offic	e to override any pre-requisi	tes.	
If the addition of required.	f this registra	ation causes th	e current enr	ollment to exce	ed the maximum enrollment	Maximum Enrollment t, the department chair's signature is	
Department Cha	II				Date:		
Not im You ar maxim Course process additio	pacted by Ser e subject to th um of six (6) drops that ex sing count in t nal information	nate Bill (SB) 12 ne requirements non-punitive co ceed the maxim the maximum no	231 six (6) tota of Senate Bill urse drops dur um allowed by umber of non- ements of SB	al drop limit.  (SB) 1231 passe ring your undergry SB 1231 will b punitive drops al 1231 or if you fee	d by the Texas Legislature in 20 raduate career. (A non-punitive e treated as "F's" and will impa lowed. Please refer to the Unive	drop does not affect your GPA) ct your GPA. The drops(s) you are	
Your course drop(s) bring(s) you below the number of hours you must complete during a fall or spring semester to maintain satisfactory academic progress for financial aid. If you are not familiar with the satisfactory academic progress regulations for financial aid, please contact the Office of Financial Aid in the Memorial Student Union Building.							
Student Signature:					Date:		
Academic Advisor Signature: Date							
(Required of $\underline{\mathbf{A}}$	LL student	s who are add	ling or drop	ping a course -	- policy change effective 20	014 Fall)	
Athletic Department or Transitional Coordinator Signature: Date:							
( <b>Required</b> if stu	ident is: an a	athlete (1 signa	ature required	d) and/or registe	ered for any Transitional cou	irse.)	
For Registrar's Office use only: Processed By						Date	
	Retu	rn this form t	o the Involi	na Ennallmant	Services Center (JESC) fo	•	