



**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:				
* Athletics Flag hold will be released							
Registrar's Hold							
Dean's Hold							
Business Office Hold			SIGNATURE/NOTES				
CRN	DEPT	NUMBER	SECTION	DAYS	TIME	Check box to indicate reason for Signature.	SIGNATURE/NOTES
						<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	

\_\_\_\_\_  
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: \_\_\_\_\_