

REGISTRATION AND ADD/DROP FORM



Texas Wesleyan
OFFICE OF STUDENT RECORDS

registrar@txwes.edu

I. STUDENT INFORMATION

Student Name: _____ Student ID: _____

Phone: _____ Academic Program: _____

Local Address: _____ Year: _____ Term: Summer May
Street City State Zip Fall Winter
 Spring

Emergency Contact: _____
Name Phone Number Relationship

II. REGISTER OR ADD A CLASS (Complete the PREREQUISITE OVERRIDE form to enroll in courses you need to override)

					FOR DEPARTMENT USE ONLY		
Session (I)	Subject Prefix (ENG)	Course Number (1301)	Section (01)	Credit Hours (3)	(If required) Check box to indicate reason for signature	(If required) Instructor signature for authorization	(If required) Dean or Dept Chair/Prog Dir signature for authorization
					<input type="checkbox"/> Override late add <input type="checkbox"/> Override closed class <input type="checkbox"/> Override time conflict		
					<input type="checkbox"/> Override late add <input type="checkbox"/> Override closed class <input type="checkbox"/> Override time conflict		
					<input type="checkbox"/> Override late add <input type="checkbox"/> Override closed class <input type="checkbox"/> Override time conflict		
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					<input type="checkbox"/> Override late add <input type="checkbox"/> Override closed class <input type="checkbox"/> Override time conflict		
					<input type="checkbox"/> Override late add <input type="checkbox"/> Override closed class <input type="checkbox"/> Override time conflict		

Total Hours: _____

III. DROP A CLASS (Complete the WITHDRAWAL form to drop ALL of your courses)

Subject Prefix (ENG)	Course Number (1301)	Section (01)	Credit Hours (3)	FOR DEPARTMENT USE ONLY	
				(If required) Check box to indicate reason for signature	(If required) Instructor signature for authorization
				<input type="checkbox"/> Approve drop	
				<input type="checkbox"/> Approve drop	

IV. REQUIRED SIGNATURES

Student Signature

Date

Academic Advisor Signature

Date

Provost Signature (If Required)

Date