REGISTRATION AND ADD/DROP FORM



registrar@txwes.edu

I. STUDENT INFORMATION											
Student Name:						Student ID:					
Phone:				Academic Program:							
Local Address:								Term:	☐ Summer	☐ May	
Local Auc		Street City S			State Zip						
Emergen	CV		•						☐ Spring	- Winter	
Contact:	Cy								— эргінів		
contacti	_	Name		Phone	Number		Relationship				
II. REGIST	TER OR AD	D A CLASS (C	omplete th	e PREREO	UISITE OVE	RRIDE form to enrol	in courses	you need to override)			
						FOR DEPARTMENT USE ONLY					
Session	Subject	Course	Section	Credit	(If required)			(If required) (If required)		equired)	
(I)	Prefix	Number	(01)	Hours (3)	Check box to indicate reason for s		signature	Instructor	Dean or Dept Chair/Prog Dir signature for authorization		
``	(ENG)	(1301)	• •					signature for			
								authorization			
						□ Override late add					
						Override closed class					
						Override time confli	ct				
						Override late add					
						Override closed clas					
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						☐ Override closed clas	c l				
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				☐ Override closed class			s				
					□ Override time confli	ct					
		Tot	al Hours:								
		100	ai iiouis								
			1	AWAL for	n to drop <i>F</i>	ALL of your courses)					
Subject	Course Number (1301)	Section (01)	Credit Hours (3)	FOR DEPARTMENT USE ONLY							
Prefix (ENG)				(If required) Check box to indicate reason for signature			(If require Instructor signature fo				
(2.10)	(1501)			CHECK DO	X to illuicate	e reason for signature		mstructor signature io	i autilorization		
				☐ Approve		drop					
				☐ Approve dro		dron					
				☐ Approve drop							
IV. REQU	IRED SIGN	ATURES									
Ctudent Cigneture									Date		
Student Signature					Date Acade			mic Advisor Signature			
Provost S	-				Date						
(If Req	uired)										
Revised 9/1	6/22					For Office of Student F	Records Use (Only			
						Processed by:	Date	Cachiar (I	froquirod):		