Academic Registration Form

Student Name: Last: _____ First: _____ MI:_____

Student ID: _____ **Term**: Fall☐ Spring☐ Summer☐ **Year:** 20_____

Please visit the *Academic Calendar* for important dates and departmental contact information. Send form to the Registrar's Office at Registrar@untdallas.edu for processing. **Signing parties**: Please read disclosures below before signing this form.

Registration:
- **Add course(s):** 5th Class Day to Census Date, Instructor must sign. *No adding courses after Census Date.*
- **Pre/co-requisite waivers:** Before Census Date, Instructor must sign. *No adding courses after Census Date.*
- **Drop:** After the last day to drop, Instructor must sign.
- **Term Withdrawal:** After the last day of term withdrawal, Dean must sign.

FOR TIMELY PROCESSING, PLEASE ANSWER THE QUESTIONS AND OBTAIN THE APPROPRIATE SIGNATURES BELOW. MISSING INFORMATION WILL DELAY PROCESSING YOUR REQUEST.

1. If you wish to make changes to more than one term, please use a separate form.
2. Are you requesting a term overload? ☐ YES ☐ NO, If **YES**, you must obtain Dean signature.
3. Do you plan to enroll in any other sessions during this term (i.e., 8W2 session)? ☐ YES ☐ NO
4. Did you attend the course(s) you are withdrawing from? ☐ YES ☐ NO ☐ Not applicable
5. Are you dropping all of your course(s) for this term or session? ☐ YES ☐ NO ☐ Not applicable

Add ✓	Drop	Subject EX: MGMT	Course Number EX: 3720	Section Number EX: 003	Class Number EX: 1428	Waitlist, if course full EX: Yes	Enrollment Waiver	Instructor Signature
							Requisite☐	
							Requisite☐	
							Requisite☐	
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Student acknowledges the following:
I understand it is my responsibility to withdraw from courses for which I am registered and do not attend, and it is my responsibility to read and understand the deadlines and policies for refunds and dropping classes according to the UNT Dallas Catalog, if applicable. I further understand and agree that payment for tuition and fees is due by the published date to avoid cancellation of my classes and that any refund will be based on the refund schedule set forth in the Catalog. I understand my decision to drop courses may have the potential to affect my current and future financial aid eligibility, if applicable.

Student Signature _____ Date:_____

Academic Advisor Print:_____ Sign:_____ Date: _____

Program Coordinator: *The Program Coordinator authorizes the student to enroll in courses* requiring *Departmental Consent only.*

Print:_____ Sign:_____ Date:_____

Academic Dean Signature: *The Academic Dean authorizes the student to overload schedule for the term or withdraw for the term after the last day to term withdrawal with "W's". **Note:** Signing below for adding classes after the Census Date also constitutes acknowledgment by the Academic Dean that the University will not receive funding for this student in the course(s) and **this request must be approved by the Provost Office prior to processing**.*

Print:_____ Sign:_____ Date:_____

***Drop** – before last day to drop, no "W" on transcript; after last day, "W" on transcript, **Term Withdrawal** – drop all courses, "W" on transcript*