

STUDENT NAME: _____

TEXAS STATE ID: A _____

TERM: _____

Please indicate **all** courses you intend to register for:

<u>SUBJECT</u>	<u>COURSE NAME</u>	<u>COURSE #</u>	<u>SECTION #</u>	<u>CRN (5 digit #)</u>
<i>Psychology</i>	<i>INTRO TO PSY</i>	<i>PSY 1300</i>	<i>001</i>	<i>16641</i>

I acknowledge by signing this form that I have been informed that:

- My course schedule will be monitored and
- Should I register for any course that is **not** online only, I will be dropped from that course and a hold will be placed on my record for the meningitis vaccination.
- I understand that any changes may affect my financial aid.
- I have to fill out this form for each semester that I intend to take classes, as this is **only** for the semester stated above.

SIGNATURE OF STUDENT

DATE

EMAIL where we can send your confirmation: _____

PHONE NUMBER: _____

TO BE FILLED OUT BY TX STATE OFFICIAL ONLY

Approved " " Rejected

TEXAS STATE OFFICIAL

SIGNATURE

DATE

A copy of this document will be provided to the student and placed in the student's file.