Counselor Use Only
Seen by Counselor?

YES or NO
(Please circle one)

UTSA – HONORS COLLEGE
_____ CLASS REGISTRATION FORM
Year

☐ **Fall** ☐ **Spring** ☐ **Summer**

Counselor Use Only

Lab Y ___ N ___

Thesis Y ___ N ___

PLEASE COMPLETE ALL ITEMS IN THIS AREA

_____
Last Name First Name MI

@_____
Student ID # Phone # (###) ###-#### Preferred e-mail

_____ Current Classification: Fr So Jr Sr
Major Minor (Please circle one)

Your Honors Counselor: _____

Class Schedule

	CRN (5 digits)	Discipline (ex: BIO)	Course (4 digits)	Section (3 digits)	Course Title	Days (MTWRFS)	Time (inc. AM or PM)	Instructor
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								

I understand that the Honors College is not responsible for errors in registration. It is **MY** responsibility to check **ASAP** to verify accuracy.

Student Signature: _____ **Date:** _____

Counselor Notes: _____
_____
_____
_____