



Course Registration Form- Campus

This form must be returned to your school counselor by:

Fall Classes- June 1

Spring Classes- December 1

Summer Classes- March 1

Student UWA ID Number: _____

Student Name: _____

High School: _____

Circle One: Fall Spring Summer

Please enter valid UWA course number and title

1. Course Name:
Course Number:
2. Course Name:
Course Number:
3. Course Name:
Course Number:

I have reviewed the courses selected above and have verified that this student is eligible for these classes and these are the correct classes for his/her schedule.

School Counselor Signature	Date
School Counselor Printed Name	School Counselor Email Address (required)

I have reviewed the courses above and confirmed with my school counselor that I am eligible for these courses and the courses meet my schedule and curriculum requirements.

Student Signature	Date
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I have reviewed the courses above and agree these courses are appropriate for my child. I agree to pay UWA any balances due. I understand UWA is not obligated to refund tuition or fees if courses are dropped after UWA's drop deadline.

Parent Signature	Date
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