



Course Registration Form- Online

This form must be signed and submitted to your [application portal](#) 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 a valid UWA course number and title

	Term 1	Term 2
1. Course Name:		
Course Number:		
2. 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. I authorize the University of West Alabama to release my academic record each term to my high school. My parent or legal guardian countersigns this release if I am less than 18 years of age. This release shall remain in effect until I provide written notice to the Records Office to discontinue the release or until I earn my high school diploma.

_____	_____
Student Signature	Date

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. I countersign to authorize the University of West Alabama to release my child's academic records if they are less than 18 years of age. This release shall remain in effect until my child provides written notice to the Records Office to discontinue the release or until my child earn their high school diploma.

_____	_____
Parent Signature	Date