## STAR Course Registration

**Student ID:** [_____]-[_____]-[_____]  
**Term:** [____]  
**Name:** [_________]  
**Major:** [______________]  
**Classification:** [___]  
**Last Name:** [_________]  
**First Name:** [_________]  
**Middle Name:** [_________]  

<table>
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<th>CRN</th>
<th>Subject</th>
<th>Course Number</th>
<th>Section Number</th>
<th>VR CR Hours</th>
<th>Grd Opt</th>
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**ADDS/NEW**

**ALTERNATIVE SELECTIONS**

**CHANGES/DROPS**

By signing this form, the student acknowledges that they are enrolled in a sufficient number of credit hours and appropriate courses to satisfy requirements for athletic eligibility, financial aid and scholarships (e.g. Promise), insurance coverage, veterans or other benefits that are dependent upon academic status.

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Advisor Signature (Required)  
Date  
Student Signature (Required)  
Date  
Dean Signature (Required after Late Add/Drop)  
Date