Request for Registration
Texas A&M International University
5201 University Boulevard
Laredo, TX 78041
(956) 326-2250 Fax: (956) 326-2249

Semester/Year
2 Spring
2 Summer I
2 Summer II
2 Fall Year___________

Will you be applying for Veteran’s benefits?
Yes No

Have you completed TSI? If not, you must see PASE Staff on second floor of Killam East 205.

Checked by: ____________ (initials) (date)

9 NO HOLDS

Reason for Hold Location Clr/Wv Reason for Hold Location Clr/Wv
01 TSI* KL 203/205/318 31 Stemwork KL 168
03/98 UWA KL 217/318 32 COE App KL 329
04 Inc Contract KL 168 38 GRE/GMAT KL
05,09,10 FA KL 158 39-62 Bus Office KL 169
06 Library KL LIB 67 Crs Plcmnt KL 203/205
11-15 Transcript KL 168 69 Comp Literacy KL 168
17-18 Prob/Prov KL 168 71 Full Time Only KL 155
19 Grad Status KL 168 72 Ins & Visa St SC 226
24 Enf Withdrawl KL 168 76 COE Tch Cert KL 328
26 Part Time Only KL 155 93 For Lang Req KL 168
28 COAS App KL 429 96 COST Gr App KL 169
29 Residency KL 155 Other

Registration Restrictions: ___________________________________________________
_____________________________________________________________________________

Semester/Year
2 Spring
2 Summer I
2 Summer II
2 Fall Year___________

CALL NUMBER COURSE SEC CR TIME DAY ROOM PRE
WL

WAITLIST POLICY: A student may request to be waitlisted for a closed class. If space becomes available, waitlisted students will be added in the order the requests were received without prior notification to the student. It is the student's responsibility to check his/her status in the course. Requesting to be waitlisted makes the student liable for all tuition and fee due if a space becomes available. A drop must be processed by the student if the class is no longer desired. Please note: a student may not be waitlisted for one section of a course and be registered in another section of the same course.

Schedule changes can be made anytime throughout registration, provided that you are only adding advisor-approved courses. If you add a course to your schedule, you must pay the additional tuition and fees prior to the registration tuition payment deadline to validate the added course.

Agreement of Understanding
I understand that by being allowed to use LASSO to register for classes, I will register only for advisor-approved courses and for courses for which I have met all required prerequisites. I further understand that my schedule will be reviewed to determine if I am eligible for the courses into which I have enrolled. If it is determined that I am not, I will be dropped from those courses. I also understand that if this drop causes my course load to drop below twelve (12) semester credit hours, I will no longer be enrolled as a full time student. Furthermore, I understand that dropping below full-time may adversely impact: health insurance benefits, financial aid, athletic eligibility, INS status, veterans' benefits, eligibility to participate in extracurricular activities, etc.

Student Signature Date Processed By Date

Advisor Signature Date