



ACADEMIC RECOVERY REGISTRATION FORM

Academic Semester (Choose 1): **Fall** **Spring** **Summer** Year: _____

Last Name: _____ First Name: _____

T-Number: _____ TSU E-Mail Address: _____ Phone Number: _____

CRN	COURSE NUMBER	SECTION	CREDIT HOURS	DAYS	MEETING TIME	COURSE TITLE	
80125	ENGL	1010	1	3	TR	935a-1100a	Freshman English I
	UNIV	1020	1				Academic Success Strategies (Mandatory ¹)

Alternate Courses just in case above sections are full

CRN	COURSE NUMBER	SECTION	CREDIT HOURS	DAYS	MEETING TIME	COURSE TITLE

I am aware that I am returning from Academic Suspension and am required to register for and participate in the UNIV 1020 Academic Success Strategies. Additionally, I am aware that I can take no more than 13 credit hours within my first semester back. Upon submission of this form, I will be registered for the above listed courses within 48-72 hours. I am aware that my schedule will be sent to my TSU email and that I will be responsible for checking that email account to receive vital information about my registration status.

Student Signature: _____ Date: _____ Advisor Signature: _____ Date: _____

ADVISORS: Please make sure the student doesn't have any financial holds before registering them.

¹ If you have not taken/successfully completed the 1-Credit UNIV 1020 course with a "C" or higher, it is mandatory that you take it upon re-enrollment.