

**The University of Texas at Arlington  
Honors Academy  
Course Selection**

*Please print legibly*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ UTA ID# \_\_\_\_\_

High School \_\_\_\_\_

**Year:** \_\_\_\_\_

Check one:   Spring \_\_\_\_\_   Summer I \_\_\_\_\_   Summer II \_\_\_\_\_   Fall \_\_\_\_\_

Course Number	Section Number	Course Name	Check here for dual credit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
High School Counselor

\_\_\_\_\_  
Date

*For Information, call UTA Honors Academy 817- 272-7215*

You may be entitled to know what information UT Arlington (UTA) collects concerning you. You may review and have UTA correct this information according to procedures set forth in UTA System BP #32. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.