

REGISTRATION FORM

PLEASE CHECK Year _____ Semester ☐ Fall ☐ Spring ☐ Summer DATE _____

STUDENT INFORMATION

STUDENT ID NO. _____ MAJOR CODE _____ LOCAL PHONE NO. _____

STUDENT NAME _____

Last *First* *Middle*

LOCAL MAILING ADDRESS _____ FLORIDA TECH BOX NO. _____
Street/Apt. No. City State ZIP

COURSE INFORMATION

| | CRN | PREFIX | COURSE NO. | SEC. | COURSE TITLE | DAYS | TIME | CRS. | AUDIT* |
|----|-------|---------|------------|------|--------------|-------|-------|-------|--------------------------|
| 1. | _____ | - _____ | - _____ | ___ | _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| 2. | _____ | - _____ | - _____ | ___ | _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| 3. | _____ | - _____ | - _____ | ___ | _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| 4. | _____ | - _____ | - _____ | ___ | _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| 5. | _____ | - _____ | - _____ | ___ | _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| 6. | _____ | - _____ | - _____ | ___ | _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| 7. | _____ | - _____ | - _____ | ___ | _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| 8. | _____ | - _____ | - _____ | ___ | _____ | _____ | _____ | _____ | <input type="checkbox"/> |

TOTAL CREDITS _____

** A student may audit a course with the permission of his or her advisor and payment (if applicable) of an audit fee. An auditor does not receive a grade; an AU is recorded on the transcript in place of the grade if the auditor has, in general, maintained a satisfactory course attendance (usually 75 percent class attendance) and completed the appropriate assignments. If the student does not meet requirements, a final grade of F may be awarded. No changes in registration from credit to audit or from audit to credit will be permitted after the second week of classes.*

I would like to take the following courses for continuing education units (CEU). I understand there will be no credit hours awarded and permission of the Academic Unit head is needed before enrolling in the class.

| | CRN | PREFIX | COURSE NO. | SEC. | COURSE TITLE | DAYS | TIME |
|----|-------|---------|------------|------|--------------|-------|-------|
| 1. | _____ | - _____ | - _____ | ____ | _____ | _____ | _____ |
| 2. | _____ | - _____ | - _____ | ____ | _____ | _____ | _____ |
| 3. | _____ | - _____ | - _____ | ____ | _____ | _____ | _____ |

Students are responsible for meeting all published prerequisite requirements for their registered courses to ensure they have the background necessary for successful performance. A student who fails or drops a prerequisite course after registration for the following term, must, in consultation with his/her advisor, submit a "Change in Registration Status" form to add the prerequisite course.

REQUIRED SIGNATURES

Student _____ Academic Advisor _____

FOR OFFICE USE ONLY

Processed by _____ Date _____