

REGISTRATION FORM

PLEASE CHI	ECK Yea	ar	Semeste	r 🗖 Fall	☐ Spring	☐ Summer		DATE				
STUDENT INFORMATION												
STUDENT ID						Ε	LOCAL PI	HONE NO				
LOCAL MAILING ADDRI		Last RESSStreet/Apt. No.			First City State ZIP			FL(Middle FLORIDA TECH BOX NO			
						OURSE INFORM						
CR			COURSE NO.	SEC.		COURSE	TITLE		DAYS	TIME	CRS. AUDIT*	
2											□	
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*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.											orded on the appropriate	
CR	RN	PREFIX	COURSE NO.	SEC.		COURSE			DAYS	TIME		
1												
2												
	ents are nece	responsi	r successful pe	g all publ erforman	ished prerequisi ce. A student wh	ite requirement o fails or drops	s for their registe a prerequisite co Registration Sta	red courses to	o ensure th	r the followin	g	
REQUIRED S	SIGNATUR	RES										
Student						Acade	mic Advisor					
					F	OR OFFICE USE	ONLY					
Processed by	V							D	ate			