FLORIDA TECH.

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*

FLORIDA TECH EMAIL _____

COURSE INFORMATION

	CRN	PREFIX	COURSE NO.	SEC.	COURSE TITLE	DAYS	TIME	CRS.	AUDIT*
1.	_____	- _____	- _____	___	_____	_____	_____	_____	❏
2.	_____	- _____	- _____	___	_____	_____	_____	_____	❏
3.	_____	- _____	- _____	___	_____	_____	_____	_____	❏
4.	_____	- _____	- _____	___	_____	_____	_____	_____	❏
5.	_____	- _____	- _____	___	_____	_____	_____	_____	❏
6.	_____	- _____	- _____	___	_____	_____	_____	_____	❏
7.	_____	- _____	- _____	___	_____	_____	_____	_____	❏
8.	_____	- _____	- _____	___	_____	_____	_____	_____	❏

TOTAL CREDITS _____

* A student may audit a course with the permission of their 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 maintained a satisfactory course attendance (75% 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 add/drop period.

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 their 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_____

FLORIDA'S **STEM** UNIVERSITY®

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