

Request for Certification of Enrollment and Related Information



CERTIFICATION REQUEST

The Office of the Registrar has developed an online computer program that will be providing computer-generated forms in lieu of the forms you have provided. Please place an "X" in the box by the information you are requesting.

- CURRENT SEMESTER/TERM REGISTRATION
- ALL SEMESTER/TERMS ATTENDED *(including current registration starting week two)*
- REGISTERED FOR AN UPCOMING SEMESTER *(Florida Tech cannot verify enrollment, only that the student is registered for classes for an upcoming semester)*
- MAJOR CLASS RANKING *(from FA96 to date, excluding current registration)*
- COLLEGE/SCHOOL CLASS RANKING *(from FA96 to date, excluding current registration)*

You may also request the following to be included in the above information by placing an "X" in the box and listing dates if applicable.

- Degree information (if applicable)
 - Anticipated graduate date _____
 - Completed academics date degree will be awarded _____
 - Graduated date degree awarded _____

Name _____ Today's Date _____

Social Security Number or Student ID Number _____

- When letter is completed, I will pick up
OR
- When letter is completed, please mail to

Note: If you have borrowed funds through the Stafford (GSL), Perkins, Plus, SLS or HEAL loan program, you are required by law to notify your lender of any changes in your name, address, telephone number or enrollment status.

Student's signature _____



REGISTRATION FORM

Social Security No. 999-99-9999 Student ID No. 99999 Major Code 7023 Date 3/16/00

Name: Last Sample First Mark Middle W.

Permanent Address 290 Student Drive, Oakdale, NY 11769 Phone (555) 555-5555
(Street/Apt. No.) (City) (State) (ZIP)

Local Mailing Address FIT Box 6744, Melbourne, FL 32901 Phone (321) 674-4444
(Street/Apt. No.) (City) (State) (ZIP)

Florida Tech Box No. _____ Dormitory Phone Extension _____

CRN	Prefix - Course No. - Section	Course Title	Days	Times	Cr. Hrs.	Audit	CEU
1. <u>23572</u>	<u>BIO - 1111 - 01</u>	<u>General Biology</u>	<u>MWF</u>	<u>9-9:50</u>	<u>4</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<u>- - -</u>	<u>Lab</u>	<u>R</u>	<u>8-8:15</u>		<input type="checkbox"/>	<input type="checkbox"/>
3. <u>13621</u>	<u>CHM - 1102 - 02</u>	<u>Chemistry</u>	<u>MTRF</u>	<u>8-8:15</u>	<u>4</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<u>- - -</u>	<u>Lab</u>	<u>T</u>			<input type="checkbox"/>	<input type="checkbox"/>
5. <u>20065</u>	<u>MTH - 1102 - E1</u>	<u>Calculus II</u>	<u>MTWR</u>	<u>5-5:50</u>	<u>3</u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>12771</u>	<u>COM - 1022 - 07</u>	<u>Composition and Rhetoric</u>	<u>TR</u>	<u>11-12:20</u>	<u>3</u>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<u>- - -</u>					<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<u>- - -</u>					<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CHECK Year 2000 Semester: Fall Spring Summer (8 week) Summer (11 week)

TOTAL HOURS 15

REQUIRED SIGNATURES:

Student Mark W. Sample Academic Advisor C.E. Mathews

FOR REGISTRATION CENTER USE ONLY	
Initials	Date

DISTRIBUTION:
White - Academic Unit
Yellow - Registrar
Pink - Student

Florida Institute of Technology ■ Office of the Registrar

150 West University Boulevard, Melbourne, FL 32901-6975 ■ (321) 674-8118 ■ Fax (321) 674-7827

RG-319-600

Registration Form

1. Student sees his/her advisor to discuss curriculum requirements, electives, etc.
2. Student fills out form.
3. Advisor signs form and keeps the academic unit copy (pink).
4. Student takes the white form to the Registration Center or registers online using PAWS.
5. Student is given a Course Schedule. A detailed invoice is mailed the next day.
6. Student pays all fees at the Student Accounting window.
7. Advisor must initial any changes to indicate approval.

Request for Additional Transfer Credit



REQUEST FOR ADDITIONAL TRANSFER CREDIT

DATE SUBMITTED _____

TO Judith A. Gassman
Coordinator for Undergraduate Transfer Credits

FROM _____
Last Name *First Name* *Middle Initial*

Student ID Number _____ Major _____

Entrance Date _____ Telephone Number _____

E-mailAddress _____

I am appealing for a different Florida Tech course equivalency or for additional transfer credit.

NOTE TO STUDENT: Florida Tech requires transfer students to provide official final transcripts from **all** previously attended colleges/universities, Advance Placement (AP) scores and College Level Examination Program (CLEP), International Baccalaureate higher-level exams, British GCE (A-level) exams, and French Baccalaureate Exams. Catalogs, course descriptions and syllabi may be requested (See page 20 in the Florida Tech *2001–2002 University Catalog*.)

STATE THE COURSES TO BE CONSIDERED AND THE **SPECIFIC** REASON FOR THE REQUEST BELOW

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



PETITION FOR EQUIVALENCY EXAMINATION

A student who feels adequately prepared in the content of a course (not applicable to Humanities or Liberal Arts electives) and can present substantiating evidence may petition the appropriate academic unit head for permission to take an equivalency examination to obtain credit for the course.

STUDENT NAME Sample, Mark W. DATE 3/16/00
(Please Print) Last First Middle Initial

STUDENT ID NUMBER 999-99-999 MAJOR 7023 TELEPHONE (321) 768-0980

MAILING ADDRESS FIT Box 7000, Melbourne, FL 32901
Street/Apt. No. City State ZIP

PREFIX - COURSE NO. COURSE TITLE
MTH - 1002 Calculus II

EQUIVALENCY KNOWLEDGE OBTAINED OVER A PERIOD FROM 1/5/99 TO 5/18/99
Explain in detail how this knowledge was obtained (use additional sheets if necessary) Request will not be considered unless a comprehensive explanation is provided.

Student Signature Mark W. Sample

1. ACADEMIC ADVISOR (Must clear with examining department before approval.)

Approved for examination Not approved for examination

Academic Advisor Signature C.E. Mathews Date 3/16/00

2. UNIVERSITY CASHIER - EQUIVALENCY EXAMINATION FEE

PAID: Date 3/16/00 Amount \$50.00 Receipt Number 10999

3. EXAMINING ACADEMIC UNIT

Examination date 4/3/00 Examination grade B

Examiner Signature B.C. Fairly Date 4/3/00

4. ACADEMIC UNIT HEAD OF EXAMINING ACADEMIC UNIT

The student Passed Failed an equivalency examination for the course listed and should should not be given 3 semester credit hours by examination.

Academic Unit Head Signature Y.V. Farcy Date 4/6/00

5. DEAN OF EXAMINING ACADEMIC UNIT

Approved

Dean Signature M. Fountains Date 4/6/00

DISTRIBUTION: White - Registrar/Yellow - Student's Academic Unit/Pink - Student

Florida Institute of Technology - Office of the Registrar

REGISTRAR'S USE ONLY

Operator's Initial Date

150 West University Boulevard, Melbourne, FL 32901-6975 (321) 674-7399 Fax (321) 674-7827

RG-316-600

Petition for Equivalency Examination

(Not given for placement of entering students or graduating seniors)

- 1. Student fills out form and presents it to advisor, who verifies that all requirements listed in the University Catalog are met ("Equivalency Examinations" under "Credit by Examination") and if so, signs Line 1.
2. Student takes form to head of the academic unit responsible for the course to obtain course syllabus and schedule exam.
3. Student contacts cashier to pay fee and complete Line 2.
4. Student gives form to examiner and takes examination.
5. Examiner grades exam, fills in and signs Line 3, and forwards entire form to student's academic unit head.
6. Academic unit head fills in and signs Line 4, and forwards entire form to dean.
7. Dean signs Line 5 if exam was passed, and forwards entire form to Office of the Registrar.
8. Office of the Registrar enters credits to student transcript and forwards yellow page of form to student's academic unit and pink page to student.



REQUEST FOR DIRECTED STUDY COURSE

Semester Fall 2000 Major 7023

Name Sample, Mark Student ID Number 999-99-9999
(PLEASE PRINT) Last First

I request that I be allowed to register for Directed Study in:

Table with 3 columns: CRN, PREFIX - COURSE NO. - SECTION, CREDIT HOURS. Row 1: 20073, MTH - 2201 - 01, 4

Course Title Differential Equations/Linear Algebra

Description of Course Content First order differential equations, linear differential equations w/constant coefficients, LaPlace transforms, matrices, vector spaces, etc.

Student Signature Mark Sample Date 3/16/00

APPROVED BY

C.E. Mathews 3/16/00 M.R. Smith 3/16/00 B.A. King 3/16/00
Academic Advisor Date Instructor Date Head of Academic Unit Offering the Course Date

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Florida Institute of Technology - Office of the Registrar
150 West University Boulevard, Melbourne, FL 32901-6975 (321) 674-8118 Fax (321) 674-7827 RG-320-600

Request for Directed Study Course

- 1. Present evidence of a compelling need to the academic unit offering the course.
2. Initiate a Request for Directed Study form.
3. Obtain the approvals of the instructor, the student's advisor and the head of the academic unit offering the course.
4. Take the completed form to the Registration Center.
5. Pay the fees as stated in the current University Catalog.



DATE 3/12/00

REGISTRATION "HOLD"

NAME Sample, Mark W.
Last First Middle

Social Security No. 999-99-9999 Student No. 99999 Term/Year Spring 2000

NOTE: Your registration has been processed, excluding the course listed below. Complete the appropriate sections and return this form to the Registration Center for processing. **This form must be returned to the Registration Center within 24 hours after it has been signed or it becomes invalid.**

1. **CLOSED COURSE** **CANCELLED COURSE** To be admitted into this particular course/section, obtain the approval of the appropriate department head.
20208 CSE 1001 01 Department Head Signature V.B. Howard Date 3/16/00
CRN Prefix-Course No.-Section

2. **ALTERNATE COURSE** If you do not obtain department head approval for admission to the closed course, you must see your advisor for an alternate course.
20209 CSE 1102 01 Computing Discipline/Careers
CRN Prefix-Course No.-Section Course Title

3. Advisor's permission to drop course/section listed in Item 1. Faculty Advisor Signature C.E. Mathews Date 3/16/00

Registration Center/Date _____ Registration Center/Date _____

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RG-496-1093

Registration "Hold" Form

1. Issued to a student during the registration process when all courses cannot be entered into the terminal (e.g., section closed, course canceled, etc.).
2. Student takes white copy to advisor for action, decision and signature.
3. Student carries white copy back to Registration Center for data entry by operator.
4. White copy goes into student's permanent file.



Date _____

CHANGE IN REGISTRATION/STATUS

A. Student Information

Student ID No. _____ Major Code _____ Semester/Year _____ SEGS Site _____

Name (Last/First/Middle Init.) _____

Address _____
(Street/Apt. No.) (City) (State) (ZIP) (Phone)

(Circle "Yes" or "No" as appropriate.)

- 1. I receive veterans education benefits Yes No Veterans Coordinator/Date _____
- 2. I am an international student Yes No International Student and Scholar Services/Date _____
- 3. I am a student athlete Yes No Athletic/Certification Representative/Date _____
- 4. This is my first registration at Florida Tech Yes No

B. Submit completed form, with appropriate signatures, directly to the Registration Center/SEGS Site. Do not list individual course(s) if you're dropping all classes or withdrawing from the university (please check your plans to return or not). Select one option box (1, 2 or 3) below.

- 1. Drop me from all my classes I do not plan to return I plan to return _____ semester
- 2. I am not currently registered—withdraw me from the university
- 3. Process course(s) listed below

CRN	Prefix - Course No. - Section	Course Title	Credits	Audit	CEU
DROP _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
DROP _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
DROP _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
ADD _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
ADD _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
ADD _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

(ANY LINE LISTED ABOVE THAT IS CROSSED OUT MUST BE INITIALED BY ADVISOR.)

My reason for requesting this change is _____

I have attended _____ week(s) of classes Student Signature/Date _____

C. Academic advisor approval required

Comment(s) _____

Academic Advisor/SEGS Site Representative Date _____

D. The campus deadlines for dropping and adding course(s) are printed in the schedule of classes. Any deviations to the policy are subject to dean's approval.

Academic Unit Head/Program Chair/SEGS Dean/Date _____ College/School Dean/Date _____

University Registrar Signature/Date _____

E. OFFICE USE ONLY

Final Grades will be: No Record "W" NA Tuition Credit (%) _____

Processed by _____ Date _____ SGASTDN: WS WR SFAREGS: ESTS Code _____ RSTS _____

Title IV Recipient? Yes No Financial Aid Init./Date _____ Auxiliary Services/Housing Init./Date _____

DISTRIBUTION:

White - Academic Unit/SEGS

Yellow - Registrar/Student Accounting

Pink - Student

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RG-318-600

Change in Registration Status

1. Required signatures for adding and dropping classes:
 - First week of classes—No signatures are required for switching sections of the same course. Advisor signature is required when adding a course not previously approved in writing. No advisor signature required for drops.
 - Second week of classes—To add a class, a Change in Registration form must be signed by advisor and academic unit head offering the course. Drops must be signed by advisor.
2. Advisor checks to be sure section to be entered has opening.
3. Advisor removes the copy to academic unit for placing in student's folder.
4. Student submits completed form to the Registration Center.
5. International students need the signature of the director of International Student and Scholar Services if dropping below 12 undergraduate and nine graduate credits. However, if the student is adding, or dropping and adding even amounts of credits, no signature of the director of International Student and Scholar Services is required.

Notes

1. The last day to drop a course is the Friday of the eighth week of the semester.
2. Variations from standard policy are granted only in extraordinary circumstances and must be well documented.



REQUEST TO RETAKE A COURSE (Forgiveness Policy)

A "Request to Retake a Course" form must be completed for every course retaken under the Forgiveness Policy. This form is a **BINDING AGREEMENT** between the student and Florida Institute of Technology. It cannot be withdrawn once it is submitted. Forms may be submitted at any time, however, the form must be received by the Office of the Registrar no later than Friday of the 12th week of classes in order to be applied to the semester requested. Forgiveness Policy not applicable to graduate courses/students.

DATE 3/16/00

NAME Sample, Mark W. STUDENT ID NO. 999-99-9999
(PLEASE PRINT) Last First

I REQUEST APPROVAL TO RETAKE

ORIGINAL CRN PREFIX - COURSE NO. - SECTION COURSE TITLE
20065 MTH - 1002 - 07 Calculus II

FOR WHICH I WAS PREVIOUSLY REGISTERED IN Fall / 1999 AND RECEIVED A LETTER GRADE OF D.
Term Year

Please check one: I PLAN TO (RE)TAKE I HAVE (RE)TAKEN

CRN PREFIX - COURSE NO. - SECTION SEMESTER YEAR
20064 MTH - 1002 - E1 IN THE Spring / 2000

Student Signature Mark W. Sample Date 3/16/00

Academic Advisor Signature C.E. Mathews Date 3/16/00

Academic Unit Head Signature* C.M. Sharpe Date 3/16/00

*Academic Unit Head must approve the retaking of a course for the second or subsequent time.

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DISTRIBUTION BY REGISTRAR'S OFFICE ONLY
White - Registrar's Office
Yellow - Academic Unit, Student's Major
Processed by _____
Date _____

RG-315-600

Request to Retake a Course

When a student earns a D or fails (F grade) a course, it is important that he or she be advised that: a) in core courses for a major (e.g., calculus, physics) it is critically important to earn a C grade or higher. Success in future courses is heavily dependent upon student mastery of the subject matter in these key courses.; b) all grades will be recorded on the student's transcript; and c) it is consequently wise to urge a student to consider repeating such a course after reviewing the "Forgiveness Policy" paragraph in the current University Catalog.

The procedure is as follows:

1. Student obtains advisor's approval of the above form.
2. Student is encouraged to submit form to registrar's office no later than Friday of the eighth week of courses during the semester that the course is being retaken if the new grade is to replace the previous one in the GPA calculation on the current grade report.
3. Courses designated as "Forgiveness Policy Applied" are excluded from the cumulative GPA totals. The recalculated GPA does not make the student eligible for any academic honors, which are based on all grades received, including "forgiven" grades.
4. A student is allowed to apply forgiveness to courses a maximum of five times during his/her Florida Tech career.



CHANGE OF GRADE REQUEST

Name Sample, Mark W. Date 3/16/00
(PLEASE PRINT) Last First

Student ID No. 999-99-9999 Major Code 7023 Campus Melbourne

CRN PREFIX - COURSE NO. - SECTION COURSE TITLE
20214 CSE - 1502 - 01 Introduction to Software Development

Term/Year Taken Fall 1999 Credit Hours 3 Change Grade From C To B

Reason for Change: [X] Entry Error [] Instructor Correction [] Make-up Work Complete
[] Original Entry [] Substitute Grade [] Converted Grade

Instructor Signature B.B. Bergman Date 3/16/00

Academic Unit Head Signature H.L. Huskey Date 3/16/00
(Head of academic unit offering course)

Dean Signature L.R. Cool Date 3/16/00
(Dean of academic unit offering course)

New Cumulative Grade Point Average 3.12

PLEASE RETURN THE ENTIRE FORM. The Office of the Registrar will distribute accordingly.

Name
Street
City, State, ZIP

FOR OFFICE USE ONLY
Logged
Processed
Grade Sheet
DISTRIBUTION:
White - Registrar's Office
Yellow - Academic Unit, Student's Major
Pink - Student

Florida Institute of Technology - Office of the Registrar
150 West University Boulevard, Melbourne, FL 32901-6975 (321) 674-7402 Fax (321) 674-7827

RG-329-600

Change of Grade Request

- 1. The student through inquiry, or the course instructor through discovery of the need for the grade change, initiates action. The instructor must request change of grade.
2. The form (all copies) is presented by the instructor or a full-time staff member to the academic unit head/program chair responsible for the course for signature.
3. Upon the above approval, the form is hand-carried by the faculty member or a full-time staff member to the office of the dean responsible for the course for the dean's consideration. The academic unit copy of the course grade sheet is corrected with proper notations.
4. Upon the dean's approval, the forms (all copies) are hand-carried by the faculty member or a full-time staff member to the registrar's office. The student's GPA is recalculated, proper alterations are made to the computer record, the original is filed in the student's folder, the student's copy is mailed to the student and the academic unit copy is forwarded to the major academic unit for the student's folder.
5. For incompletes and blanks (no record) the process occurs at the beginning of fall and spring term. Forms are sent out and asked to be returned by the end of sixth week.

Note

- 1. This form is not to be handled by any student at any stage of the process.
2. If "Substitute Grade" or Converted Grade" is checked, the form must be accompanied by a written explanation/justification.



REQUEST TO STUDY AT ANOTHER INSTITUTION

DATE: 3/16/00

TO: OFFICE OF THE REGISTRAR

FROM: Sample, Mark W. 999-99-9999
Student Name Student ID Number

I request that I be allowed to enroll in the courses listed below for transfer credit to Florida Tech. I understand that the grades must be "C" or better for these courses to be accepted as transfer credit, that the grades themselves are not transferred, and that the Forgiveness Policy does not apply. This request MUST be approved and received by the Office of the Registrar prior to registering for the course(s).

Term I plan to attend Summer 2000

Institution's name and address Broward Community College Code 005074
225 E. Las Olas Blvd.
Ft. Lauderdale, FL 33301

Reason for request Going home for the summer and need to catch up on degree program

Student's signature Mark W. Sample

NOTE: Students desiring to receive transfer credit for work taken at another institution must furnish the Office of the Registrar with an official transcript and current catalog from that institution.

Table with 6 columns: COURSE NUMBER, COURSE TITLE, QUAR./SEM. CREDITS, FLORIDA TECH EQUIVALENT, GRADE RECEIVED, FLORIDA TECH CREDIT. Row 1: MAC 2311, Calculus/Analytical Geometry, 5, 5, MTH 1001.

This form does not constitute approval to take course(s) at another institution. When a decision has been rendered, student will be notified by mail from the Office of the Registrar.

Academic Advisor C.E. Mathews Date 3/16/00

DISTRIBUTION: White - Registrar, Yellow - Academic Unit, Pink - Student

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Request to Study at Another Institution

- 1. Students should obtain the faculty advisor's approval before submitting the form to the appropriate office.
a. Study abroad requests to director of international programs.
b. Exceptions to three-course limit for a graduating senior to the associate vice president for academic affairs.
2. A maximum of three courses may be taken for application toward any one degree. (Waived in exceptional cases by action of the associate vice president for academic affairs.)
3. Courses must meet criteria for transfer credit at the time the course is taken.
4. Courses where English is an important component must be taught in English.
5. For approval of courses for which there is no established Florida Tech course, the form and the other institution's catalog is taken to the academic unit or program office of the Florida Tech course for which transfer credit is sought.
6. If additional information is needed, the form is returned to the student who returns it to his/her advisor, or gathers the missing information.
7. If approved the form is forwarded to the registrar.
8. Upon approval by the registrar, the form becomes a commitment to award transfer credit for courses upon receipt of an official transcript with grades of C or better.



REQUEST FOR CHANGE OF MAJOR, CHANGE OF SITE, OR DUAL DEGREE

Student is to completely fill in section A, B (if applicable, obtain signatures) and D and have academic unit(s) complete section C before submitting to the Office of the Registrar.

A. STUDENT INFORMATION

Student I.D. No. 999-99-9999 Date 3/16/00
Name Sample, Mark W. Student Signature Mark W. Sample
Please Print (last) (first)

CHANGE FROM CURRENT INFORMATION
BS Marine Biology 7023 Melbourne
*degree level (i.e. MBA) title major code campus site

REQUEST CHANGE TO INFORMATION
BS Computer Science 7021 Melbourne
*degree level (i.e. MSA) title major code campus site

AND/OR

Add Dual Major Code (dual majors applicable to undergraduates only)
EFFECTIVE SEMESTER (check one): FALL year SPRING year SUMMER year
(Request for undergraduate change(s) will not be processed until the grades from the term prior to the effective term are posted, and if necessary, evaluated by the academic unit.)
*Undergraduate to graduate level requires acceptance letter in Office of Admissions

B. Student Information (Circle Yes or No as appropriate, and obtain signatures if applicable)

1. I receive veterans education benefits Yes No
Veterans Affairs Coordinator Date
2. I am an international student Yes No
International Student and Scholar Services Date

C. Required Signatures

C.E. Mathews 3/16/00
Academic Advisor - Current Academic Unit Date
P.T. Gordon 3/16/00
Academic Advisor - New Academic Unit Date
Don Sharp 3/16/00
Academic Unit Head - New Academic Unit Date

New academic unit is required to complete this section

Undergraduates All courses will apply to the requested major
Request transcript for review
Graduates Required Program Plan is attached

D. Student is required to complete this section

NAME Mark W. Sample
STREET ADDRESS 3151 S. Babcock St., #102
CITY/STATE/ZIP Melbourne, FL 32901

E. For Office Use Only

Evaluation Sent to Academic Unit
SFAREGS SGASTDN
Update Completed Initials

DISTRIBUTION: White - Registrar Yellow - New Academic Unit/SEGS Pink - Student/SEGS Gold - Current Academic Unit/SEGS
Florida Institute of Technology - Office of the Registrar RG-330-600
150 West University Boulevard, Melbourne, FL 32901-6975 (321) 674-7292/Undergraduate (321) 674-7402/Graduate Fax (321) 674-7827

Request for Change of Major, Change of Site or Dual Degree

It is important for the advisor to assure that the proposal to change a major is not an attempt on the part of the student to avoid a problem that will reappear while studying the next major. Counseling and Psychological Services (CAPS), ext. 8050, performs a series of preference tests (without charge) that have helped many students find the right major more surely than one could expect from casual conversations chosen by the student. The Office of Career Services and Cooperative Education, ext. 8102, can also assist by helping students choose the path to careers that would suggest a major.

- 1. Student gets the form signed first by current advisor.
2. Student gets the form signed by the new academic unit head/program chair and dean.
3. Student brings signed form to registrar's office.
4. Office of the Registrar provides transcript to new academic unit.
5. The new academic unit head/program chair examines student's past records to identify "not applicable" courses and returns the form to the Registrar.
6. The courses annotated "not applicable" are excluded from the student's cumulative GPA and cannot be reevaluated to inflate GPA at a later date.
7. The new academic unit requests the student's file from the previous academic unit.

Note: See page 27, "Change of Major."



GRADUATION OFFICE USE ONLY	
SHADEGR	_____
SHADIPL	_____
SHACATT	_____

PETITION FOR GRADUATION

First Petition (circle one) Re-Petition Student ID No. 999-99-9999 Date 3/16/00

TYPE or PRINT Name Clearly Mark W. Sample
(first) (middle) (last)

Mailing Address 290 Student Drive, Oak Dale, NY 11769
(street/apt. no.) (city) (state) (ZIP code)

Local Telephone ext. 1515 Home Telephone (555) 555-5555 Work Telephone _____

I am petitioning for graduation at the end of Spring 2000
(semester/year)

I expect to complete the requirements for the (circle one) A.S. B.A. B.S. B.S.B.A. M.B.A. M.S. M.S.A. Ed.S. Ed.D. Ph.D. Psy.D.

degree in Electrical Engineering 7041 1997 applies.
(major/title) (major code) (year)

Mark W. Sample 6/13/00 C.E. Mathews 6/13/00
Student Signature Date Academic Advisor Signature Date

In the event my diploma must be mailed, please use the following address:

290 Student Drive, Oakdale, NY 11769 USA
(street/apt. no.) (city) (state) (ZIP code) (country)

Florida Tech offers certificates called "Pushing Honey Thru" to the spouses of our graduates. If you would like one, please print the name of

your spouse: _____

(check one) I will participate in the commencement exercises. **Summer candidates may participate in Fall Commencement only.**
 I will NOT participate in the commencement exercises.

<p align="center">CAP AND GOWN INFORMATION</p> <p>CHECK ONE: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Height <u>5</u> ft. <u>9</u> in. Weight <u>165</u> lbs.</p> <p align="center">CIRCLE CAP SIZE</p> <p>X-small Small Medium <u>Large</u> X-Large 6-1/4-6-3/8 6-1/2-6-3/4 6-7/8-7-1/4 7-3/8-7-5/8 7-3/4-8-1/8</p>	<p align="center">INFORMATION PERTAINING TO GRADUATE STUDENTS ONLY</p> <p>Previous Degree(s): Undergraduate _____ <small>(name of degree and major)</small> _____ <small>(name of school, state/country where earned)</small></p> <p>Graduate: _____ <small>(name of degree and major)</small> _____ <small>(name of school, state/country where earned)</small></p>
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PAYMENTS

1. Thesis/Dissertation, Binding	Paid-Date _____	Receipt # _____	Amount _____
2. Dissertation, Microfilming	Paid-Date _____	Receipt # _____	Amount _____
3. Late Fee	Paid-Date _____	Receipt # _____	Amount _____

DISTRIBUTION (Registrar will distribute all copies): White – Registrar, Yellow – Academic Unit, Pink – Student

Florida Institute of Technology • Office of the Registrar
150 West University Boulevard, Melbourne, FL 32901-6975 ■ (321) 674-8116 ■ Fax (321) 674-7827

RG-327-600

Petition for Graduation

All graduating students must file a Petition for Graduation by the date shown in the "Academic Calendar" of the current University Catalog; otherwise, the student will be subject to a late fee and may not be aware of unmet graduation requirements until too late to register for the necessary course(s) without returning for an extra semester. Petitions may be obtained in the registrar's office or from the student's academic unit.

To qualify for a four-year degree from the university, no less than 34 semester hours of work for a four-year degree must be completed at Florida Tech. The final 12 hours before graduation in any degree must be earned in residence. Any deviation from the foregoing policies requires prior written approval by the associate vice president for academic affairs.

1. Student fills out the form and carries it to cashier's office to pay fees, if any.
2. The Office of the Registrar will distribute all copies.



TRANSCRIPTS WILL NOT BE RELEASED TO ANYONE WHOSE FINANCIAL OBLIGATIONS HAVE NOT BEEN SATISFIED. TRANSCRIPTS CANNOT BE RELEASED WITHOUT STUDENT'S SIGNATURE.

REQUEST FOR TRANSCRIPT

Date 3/16/01 Student ID No. 999-99-9999

Name under which you attended Sample, Mark W. Social Security No. 999-99-9999
(Please Print) Last First

Current Name As above Signature Mark W. Sample

No. of copies 1 Hold for current semester grades Hold for degree statement
\$5.00 per copy paid Send now Date Florida Tech degree was or will be
due Will pick up (photo ID required) awarded 4 / 2000

MAIL TO University of Delaware month/year
1000 DuPont Hwy STUDENT Mark W. Sample
Dover, DE 19787 NAME FIT Box 7000
AND Melbourne, FL 32801
ADDRESS _____

OFFICE USE ONLY		
O4 HOLD <input type="checkbox"/> Yes <input type="checkbox"/> No	SPAIDEN – Update Address _____	Audited _____
SOAHOLD _____	Cannot release – Date notified _____	Date Mailed _____
RSIAREV _____	<input type="checkbox"/> By phone <input type="checkbox"/> By mail	

DISTRIBUTION: White – Registrar, Yellow – Student

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RG-331-600

Request for Transcript

1. Transcripts are confidential information and are issued only upon authorization in writing by the individual student.
2. Submit completed request to the records division of the registrar's office, with appropriate fee enclosed (\$5 per copy).
3. Financial obligations must be met before transcripts are released.

Note: To assure credibility, in most cases, transcripts required by other institutions or companies must be mailed directly by the registrar's office. Be sure that the address given is precisely correct (including names and/or titles, if possible).

VA Change of Address, Cancellation of Direct Deposit

 Department of Veterans Affairs		
REQUEST FOR CHANGE OF ADDRESS/CANCELLATION OF DIRECT DEPOSIT		
<p>NOTE: To notify the Department of Veterans Affairs of a change in address, cancellation of direct deposit, or both, complete this form and mail it to VA office having your records. The information is requested under Title 38, United States Code, and will help insure that VA correspondence and any VA benefit checks to which you may be entitled are sent to your correct address. Disclosure is voluntary. However, if the information is not furnished, your mail may be lost or delayed and benefit payments, if any, may be suspended. Failure to furnish this information will have no other adverse effect on any benefit to which you may be entitled. The information may be disclosed outside VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974.</p>		
1. I REQUEST <input type="checkbox"/> A CHANGE OF MY RESIDENCE ADDRESS <input type="checkbox"/> BOTH <input type="checkbox"/> A CANCELLATION OF MY DIRECT DEPOSIT ACCOUNT		2. I RECEIVE BENEFITS AS THE <input type="checkbox"/> VETERAN <input type="checkbox"/> WIFE/HUSBAND <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> FATHER <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> MOTHER <input type="checkbox"/> FIDUCIARY
3. VA FILE NO. (Include letter prefix, if any)		4. VETERAN'S SOCIAL SECURITY NO. 5. PAYEE NO. (If known)
6. TYPE OF BENEFIT RECEIVED <input type="checkbox"/> COMPENSATION OR PENSION EDUCATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> CHAPTER 31 (VOC. REHAB.) <input type="checkbox"/> CHAPTER 32 (VEAP) <input type="checkbox"/> CHAPTER 35 (DEA) <input type="checkbox"/> CH. 30 (MONTGOMERY G.I. BILL-ACTIVE) <input type="checkbox"/> CHAPTER 34 (G.I. BILL) <input type="checkbox"/> CH. 106 (MONTGOMERY G.I. BILL-RES.)		7. INSURANCE NO(S) (Only give these numbers if you are receiving payments on the insurance policy of a deceased veteran) 8. TYPE OF ADDRESS CHANGE (Complete if applicable) <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY
9. NAME OF PAYEE AS SHOWN ON CHECK (Type or print)		10. FIRST NAME - MIDDLE INITIAL - LAST NAME OF VETERAN
11. NEW ADDRESS (Complete only if applicable)		
NUMBER AND STREET OR RURAL ROUTE (Include APT. NO., if appropriate)		
CITY	STATE	ZIP CODE
12. TO BE COMPLETED BY DIRECT DEPOSIT PARTICIPANTS ONLY		
If your benefit payment is currently being sent to a financial organization, but you want it cancelled and sent to your home address, check this box. <input type="checkbox"/> Your payments will continue to be sent to the financial organization until the cancellation is processed. DO NOT close your bank account until your first payment is received at your home address.		
13. SIGNATURE OF VETERAN OR PAYEE (Do not print)		14. DATE