

Students are responsible for completing this form as indicated. After all signatures are affixed, attach an approved Registration Form and forward to the Office of the Registrar for processing. Specific restrictions may apply. See college/department for additional information. Late requests are not accepted. Melbourne campus tuition and fees apply.

Term\* \_\_\_\_\_ Date of Request \_\_\_\_\_ Deadline for Late Fee \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID No. \_\_\_\_\_  
Last First

College \_\_\_\_\_ Major \_\_\_\_\_ Major Code \_\_\_\_\_

I REQUEST APPROVAL TO TAKE THE FOLLOWING COURSE/S ONLINE

Undergraduates may take a maximum of four online courses during pursuit of an undergraduate degree at Florida Tech. Specific restrictions may apply. See college/department for additional information. The maximum course load in an 8-week term is two courses.

Prefix	Course No.	Course Title
_____	_____	_____
_____	_____	_____

By signing this form, the student indicates that s/he has been informed that the online courses are 8-weeks in length, are accelerated and use the Florida Tech University Online Learning Management System (LMS). It is the student's responsibility to know start and withdrawal dates, as deadlines for 8-week online courses differ from those for on-campus courses.

**Exception to Online Course Policy:** This is a request for an exception to the policy on Melbourne students taking online courses. I am requesting approval to register for an online course during a term other than Summer 1. I have a work assignment off campus other than the engineering cooperative education program or this is my last semester and I have nine hours or fewer to graduate (undergraduates may take a maximum of four online courses during pursuit of an undergraduate degree at Florida Tech and no more than two during an 8-week online term). My adviser has contacted the department offering the course(s) and I have met the requirements. Attached is the request for an exception to the summer online course policy.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Adviser Name \_\_\_\_\_

Academic Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean/Associate Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

REGISTRAR'S USE ONLY

Processed by \_\_\_\_\_ Date \_\_\_\_\_

DISTRIBUTION  
Original - Registrar's Office  
Copy - Student's Major Department