



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

COURSE INFORMATION

Table with 9 columns: CRN, PREFIX, COURSE NO., SEC., COURSE TITLE, DAYS, TIME, CRS., AUDIT*. Rows 1-8.

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% 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.

Table with 7 columns: CRN, PREFIX, COURSE NO., SEC., COURSE TITLE, DAYS, TIME. Rows 1-3.

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 _____