FLORIDA TECH

CLOSED CLASS FORM

This form must be returned to the Registration Center within 24 hours or by 5 p.m. the day after it has been signed or it becomes invalid.

NAME _____ DATE _____
Last *First* *Middle*

STUDENT ID NO. _____ MAJOR _____ REGISTRATION TERM _____
Name of program

PROCEDURE

- Take this form to the academic unit offering the course.
- If the academic unit head approves, he/she will sign the form.
- Bring the signed form to the Registration Center within 24 hours to officially enroll in the course.

COURSE INFORMATION

CRN	PREFIX	COURSE NO.	SEC	COURSE TITLE	ACADEMIC UNIT

REQUIRED SIGNATURE

Class entry approved

Academic Unit Head Signature _____ *Date* _____

Print Name _____

OFFICE USE ONLY

Staff Initials _____ Date _____ Processed by _____ Date _____

X Sect. _____	Limit _____
Cap _____	Enroll _____
Enroll _____	Diff. _____
Diff. _____	Cap _____

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