

After all signatures are affixed, take to the Office of the Registrar for processing. Specific restrictions may apply. For Summer Terms only, undergraduate discounts may apply. Sponsored international students must contact their sponsor for specific exceptions. See college/department for additional information. **Late requests are not accepted.**

TERM FOR REGISTRATION

Date of Request _____

- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Fall (16-week) | <input type="checkbox"/> Fall 1 (8-week) | <input type="checkbox"/> Fall 2 (8-week) | <input type="checkbox"/> Spring (16-week) | <input type="checkbox"/> Spring 1 (8-week) |
| <input type="checkbox"/> Spring 2 (8-week) | <input type="checkbox"/> Summer (11-week) | <input type="checkbox"/> Summer 1 (8-week) | <input type="checkbox"/> Summer 2 (8-week) | |

Student Name _____ Student ID No. _____
Last First

Phone Number* _____ College _____ Major _____ Major Code _____

*By entering your mobile number, you agree to receive text messages from FL Tech 55678. Consent is not required to purchase goods or services. Approx. 5 msgs/mo. Msg/Data rates may apply. Reply HELP for help. Reply STOP to cancel. <https://www.fit.edu/freshman-admissions/text-messaging/>

CRN	Prefix	Course No.		Course Title
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By signing this form, the student and advisor acknowledge their responsibility to know start and withdrawal dates. The maximum course load in an 8-week term is two courses. Registration deadline for 8-week online courses is 12 days before the start of the term requested; 16-week deadlines are published in the academic calendar. Late requests not accepted.

JUSTIFICATION FOR REQUEST

Student Signature _____ Date _____

My advisor has contacted the department offering the course(s) and has determined I've met the course(s) prerequisites and the course(s) meets my graduation requirements.

I am a sponsored international student Yes No

Has your sponsor approved this course? Yes* No (*A financial guarantee from the sponsor must be on file in Student Account Management; confirmed by signature below)

Student Account Management _____ Date _____

Advisor Name _____

Advisor Signature _____ Date _____

Dean or Designee Name _____

Dean or Designee Signature _____ Date _____

Dean or Designee signature not needed for Summer 1 or Summer 2 terms, or 16-week online courses

REGISTRAR'S USE ONLY

Processed by _____ Date _____