

Name (please print) _____ Date _____

Last

First

MI

Student ID No. _____ Semester/Year _____

1. Take this form to the academic unit offering the course.
2. If the academic unit head approves, he/she will sign the form.
3. Bring the signed form to the Registration Center the same day to officially enroll in the course.

This form must be returned to the Registration Center within the next working day after it has been signed or it becomes invalid.

CRN	Prefix – Course No. – Section	Course Title	Academic Unit
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Class entry approved—Academic Unit Head Signature _____ Date _____

FOR OFFICE USE ONLY

Staff Initials/Date

Processed by/Date

Florida Institute of Technology ■ Office of the Registrar

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

RG-326-704

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