

Use this form to request to register for Fall 1 or 2, or Spring 1 or 2 term online course(s) as an exception to the Summer term only policy. Students pay Melbourne campus tuition rates (no other discounts apply). After all signatures are affixed, take to the Office of the Registrar for processing. Specific restrictions may apply. International students must contact their sponsor for specific exceptions. See college/department for additional information. Late requests are not accepted.

Term _____ Date of Request _____

Student Name _____ Student ID No. _____
Last First

College _____ Major _____ Major Code _____

CRN Prefix Course No. Course Title

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Undergraduates may take a maximum of four online courses during pursuit of an undergraduate degree at Florida Tech. The maximum course load in an 8-week term is two courses. 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 eLearning Platform (ELP). It is the student's responsibility to know start and withdrawal dates. Registration deadline for 8-week online courses is 12 days before the start of the term requested. Late requests not accepted.

- I have a work assignment off campus other than the engineering cooperative education program
This is my last semester and I have nine hours or fewer to graduate
Other reason:

Empty rectangular box for additional information.

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 an international student Yes No

If yes, 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 _____

Academic Advisor Name _____

Academic Advisor Signature _____ Date _____

REGISTRAR'S USE ONLY

Processed by _____ Date _____

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