



CREOL, The College of Optics and Photonics

Course Enrollment Form

Complete to request enrollment into a course for which you cannot currently register. Only one class per form.

Student Name: _____ PID: _____

Email: _____@knights.ucf.edu Program: _____

Phone Number: _____

Registration Term/Year: Fall Spring Summer Year _____

Course: _____

<i>Class No (e.g. 25638)</i>	<i>Prefix (e.g. OSE)</i>	<i>Course No. (e.g.3052)</i>	<i>Credit Hours</i>
_____	_____	_____	_____

Does this course have a wait list? Yes No

Status in the Major: Pending Major

Which of the following is the reason why are you requesting to be added to the class?

Undergraduate student registering in graduate course or graduate student registering in undergraduate course.

Exceed the enrollment capacity of a class. (Not available for waitlisted courses)

Enroll in a course which requires consent of an instructor (Must have written approval of instructor.)

Override the prerequisites of a course. Select the reason below:

Prerequisites are on degree audit, but unable to enroll.

Prerequisites have been taken as a transient student

Fall Spring Summer Year _____ Course: _____ Grade: _____

Other Explain: _____

A time conflict exists with this class and another class being taken.

Exceed the maximum number of credit hours allowed (17 credit hours)

If approved, I authorize the College of Optics and Photonics to register me for the listed course. I accept responsibility for all enrollment issues associated with this course. This includes, but not limited to, insuring that the COP Academic Affairs Office enrolled me in the correct course as specified above, paying the course’s associated fees, and other issues outlined at <http://registrar.ucf.edu> .

I have read the Student Financial Responsibility Statement and “Promise to Pay” documents found on the Student Accounts website. The link is below. I further understand that said document includes course enrollment facilitated by a university representative. By authorizing this registration, I accept the terms of this agreement.

Promise to Pay: <https://studentaccounts.ucf.edu/wp-content/uploads/sites/6/Student-Financial-Responsibility-Statement-and-Promise-to-Pay.pdf>

Student Signature

Date

Date of Override | Initials