

## NON-DEGREE STUDENT REGISTRATION REQUEST FORM

To ensure you are eligible to take courses as a Nursing Non-Degree seeking student, please review this website:

<http://www.nursing.ucf.edu/admissions/graduate-programs/nursing-non-degree/index>

Please initial by each of the following to confirm that you had been made aware of each item:

\_\_\_\_\_ Registration cannot be completed for students with unresolved holds on their student account.

\_\_\_\_\_ Registration requests are subject to approval based on space availability.

\_\_\_\_\_ Incomplete forms will not be processed.

\_\_\_\_\_ In general, non-degree students are not eligible for financial aid, assistantships, or fellowships, please contact the [Office of Student Financial Assistance](#) for specific details.

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **UCF ID** \_\_\_\_\_

**Email** \_\_\_\_\_ **@knights.ucf.edu**      **Phone:** \_\_\_\_\_

**State employee**     **No**                       **Yes\*** (please see Academic Calendar to view registration date)

**PAYMENT RESPONSIBILITY:**

I understand that if I do not attend classes I must drop them before the Drop Deadline in order to avoid incurring fees. I accept responsibility for payment of my semester tuition and fees by the published deadline.

I understand that if I fail to pay my tuition and fees by the deadline, I will be charged a \$100.00 Late Payment Fee by UCF, my records will be put on hold, my account will be referred to a collection agency, and I may incur other financial consequences.

**Student Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please select all that apply:**

- RN**                                               **Bachelor in field other than Nursing** \_\_\_\_\_  
 **BSN**                                               **Master's in field other than Nursing** \_\_\_\_\_  
 **MSN** \_\_\_\_\_

Do you plan to apply to a graduate program at UCF?  Yes       No

If so, when?  Fall \_\_\_\_\_       Spring \_\_\_\_\_       Summer \_\_\_\_\_

To which program: \_\_\_\_\_

**PLEASE LIST EACH COURSE (submit 1 form per semester):**

Course Prefix	Course Number	Course Title	Fall	Spring	Summer
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please submit completed form to [gradnurse@ucf.edu](mailto:gradnurse@ucf.edu) for processing.