



Processed by: \_\_\_\_\_  
Date: \_\_\_\_\_

UNIVERSITY OF CENTRAL FLORIDA

**NON-DEGREE STUDENT REGISTRATION REQUEST FORM**

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 \_\_\_\_\_ Student PID \_\_\_\_\_

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

State employee  Yes  No

**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?  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 [gradnurseadvisor@ucf.edu](mailto:gradnurseadvisor@ucf.edu) for processing. Forms will be processed the week before the semester begins.