

Processed by:	
Date:	

UNIVERSITY OF CENTRAL FLORIDA

NON-DEGREE STUDENT REGISTRATION REQUEST FORM

	•	e following to confirm that you had been made aware of ea					
•		ot be completed for students with unresolved holds on their	student acco	ount.			
_	_	ests are subject to approval based on space availability.					
	•	will not be processed.		C 11 1 1 1	1		
Ū		legree students are not eligible for financial aid, assista	antships, or	fellowship	s, please		
con	tact the Office	e of Student Financial Assistance for specific details.					
Last Name_		First Name	First Name Student PID				
Email							
State empl	oyee 🗌 Y	es No					
I understand accept respo I understand	nsibility for p that if I fail to cords will be p	of attend classes I must drop them before the Drop Deadline ayment of my semester tuition and fees by the published depeny my tuition and fees by the deadline, I will be charged but on hold, my account will be referred to a collection agent	eadline. a \$100.00 L	Late Paymen	t Fee by		
Student Signature Required: Date:							
☐ RN ☐ BSN ☐ MSN Do you plan		Bachelor in field other than Nursing Master's in field other than Nursing graduate program? Yes No					
To which pr	ogram:						
PLEASE LIS	ST EACH CO	URSE (submit 1 form per semester):					
Course Prefix	Course Number	Course Title	Fall	Spring	Summer		
					<u> </u>		

Please submit completed form to gradnurseadvisor@ucf.edu for processing. Forms will be processed the week before the semester begins.