



COLLEGE OF SCIENCES
ACADEMIC SERVICES
Graduate Services

DEPARTMENTAL REGISTRATION FORM

This form ensures you have been informed of your financial responsibility for the classes being registered for you and provides an audit trail documenting your request for these specific courses.

Enter your name, your ID#, the information for the desired course, and sign the acceptance of financial responsibility statement.

Term: _____ Year: _____ PID: _____

Name: _____ Program: _____
(Print-Last, First)

Email: _____ @knights.ucf.edu

Course(s) to be registered:

<u>Class #</u> <i>(Key Code)</i>	<u>Prefix/Nbr</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Required Signature:

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 Late Payment Fee, 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)

Date: _____