Office of the University Registrar
4700 Research Way
Lakeland, FL 33805-8531
Registrar@floridapoly.edu

Course Enrollment Permission Form

Students must use this form when requesting to register into a course that requires Instructor or Academic Program Coordinator permission or to waive a pre-requisite requirement.

The student must complete this form and obtain the required signature as noted below. Students will only be added to the course if there is space available. The student must submit the completed form to the Office of the University Registrar prior to the end of the add/drop period as noted on the Academic Calendar.

Student UID: _____ Email:_____ @floridapoly.edu

Last Name:_____ First Name: _____

Degree:_____ Concentration: _____

Semester: ☐ Spring ☐ Fall ☐ Summer ☐ 20___

Course Title	Course Prefix	Course Number	Course Section	Credits

☐ Enter a Course Requiring Permission

☐ Waive Prerequisite Requirements (reason required below)

☐ Enter a Course Requiring Permission and Waiver Prerequisite Requirements (reason required below)

I am requesting permission to register for the above course.

_____ _____

Student Signature **Date**

Academic Program Coordinator (or Designee) to Complete:

☐ I am denying the request. **(Reason required):** _____

☐ I am approving the request to be added to the above course. **(Reason required for waiver):** _____

_____

Required Signature:

_____ _____ _____

Academic Program Coordinator (or Designee) Printed Name — Signature — Date

After obtaining the required signature, submit form to Office of the University Registrar.

Registrar to Complete:

Date completed form received: _____ Date Processed:_____ Processed by: _____