

Graduate Student Registration Form

Genetics & Genomics PhD Program, University of Florida

GENERAL INSTRUCTIONS

1. Student consults adviser and reviews the Schedule of Courses at <http://www.registrar.ufl.edu/soc/>
2. Student completes all of the information requested on this form (type or write neatly).
3. Student and student's adviser sign and date the form.
4. Student emails the completed form, with UFID, to Dr. Brittany Hollister (b.hollister@ufl.edu).
5. Dr. Hollister will register students **only for departmentally controlled courses**. Students register themselves for the rest.
6. A copy of the completed form will be returned to the student if there are any non-departmentally controlled courses for which the student has not yet registered ("Dept Controlled: No" and "Registered: No").

Students who are not registered for at least 1 credit hour before the Drop/Add period begins will be assessed a \$100 late fee.

Name: _____ UFID: _____ - _____

Phone: _____ Email: _____

REGISTRATION INFORMATION:

Semester / Year: _____

<u>Course</u>	<u>Credits</u>	<u>Section:</u>	<u>Dept Controlled?</u> Yes or No?	<u>Registered?</u> Yes or No?

REGISTRATION AUTHORIZATION

Student Signature

Date

Faculty Advisor Name (please print)

Faculty Advisor Signature

Date