ABE Department Course Registration Form

Class/Section Numbers__________________________
(To be completed by department)

REGISTRATION FOR (COURSE TITLE/NUMBER) from below: _____________________

Select Only One Course from appropriate category to complete registration form:

A. SPECIAL TOPICS (ABE4932, AOM4932, PKG4932, AOM6932 or ABE6933)
Students must submit course syllabus with this form!

B. INDIVIDUAL WORK (ABE4905, AOM4905, PKG4905, AOM6905, PKG6905 or ABE6905)

C. SUPERVISED TEACHING ABE6940 – See below:

What ABE course (title & course#) are you assisting with?________________________
I acknowledge that I completed the FERPA Basics training on _________________________
(Attach MyUFL training summary)
http://privacy.ufl.edu/privacy-training/
(Attach the ABE6940 Teaching Contract which includes the approximate number of hours each week
that you will devote to those responsibilities. Have this signed by the instructor of the course).

_________________________

Student Information:

NAME (Last)          (First)               (Middle initial)        UF ID Number

Class/College (ex: 4AG) ____________       Phone number ___________________________
(Find this at the bottom of your audit)

Student email ______________________________________________________________

________________________________________

Term (If Summer specify A, B or C)      Year      Credit Hours

____________________________________  ________________________________________

Grade to be Given by (please print):   Grade giver email address (if not ABE faculty)

This course will sub for (list course #):___________________ Graduating this semester (Y/N)?______
(UG only-To be completed by Adviser)

___________________________  ____________________________
Signature of Student     Signature of Grade Giver