

ABE Department Course Registration Form

Section Number _____
(To be completed by department)

REGISTRATION FOR (COURSE 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#) were you assigned to? _____

I acknowledge that I completed the FERPA training on _____ (Attach MyUFL training summary)

<http://privacy.ufl.edu/uf-health-privacy/>

(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)? _____
(To be completed by Adviser)

Signature of Student

Signature of Grade Giver

This form can be completed and signed electronically and returned to rsnyder@ufl.edu for registration.