

ACADEUM COURSE REGISTRATION REQUEST FORM

Please complete all fields, then email this form to fmuregistrar@fmuniv.edu at least 72 hours prior to the start date of the Acadeum class. Incomplete forms will be returned to the student and Advisor for completion.

STUDENT'S INFORMATION - All fields required

First Name _____ Last Name _____ Gender Male Female Other

Date of Birth _____ Are you a U.S. Citizen? Yes No Ethnicity Hispanic or Latino
Not Hispanic or Latino
I prefer not to say
____ / ____ / ____
(MM/DD/YYYY)

Race (select multiple options if applicable)

American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White I prefer not to say

ACADEMIC INFORMATION

Student ID* _____ Student E-mail* _____ Level* Undergraduate
(Format: 000-xxx-xxx) (Acadeum will email you with next steps) Graduate

Major* _____ Start Date at FMU* ____ / ____ / ____
(MM/ DD/ YYYY)

Advisor's E-mail* _____ Advisor's Name _____
(Advisor must provide course details and syllabus)

CONTACT INFORMATION

Country* _____ Street Address 1* _____ Street Address 2 _____
(Apartment, Suite, Unit, Building, etc.)

City* _____ State* _____ Zip* _____

Residency* _____ Mobile Phone* (____) _____
(State of residency)

ACADEUM COURSE DETAILS *Advisors must complete and sign this form.*

Course Prefix and Number e.g. MAT 110	Course Title	Credit Hours	Start Date	End Date	University
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FMU Course being replaced

Florida Memorial University

Total no. of credits this semester _____ Once accepted, e-mail 2144mgr@follett.com with the course's textbook details (Name, Author and ISBN number).

SIGNATURES (required)

Student _____ Dean/Chair _____ Date _____

Advisor _____ Date _____ Office of the Provost _____ Date _____

Date Received by Registrar's Office _____ Received by _____