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.

First Name	Last Name		_ Gender	Male	Female
Date of Birth	Are you a U	.S. Citizen?	Ethnicity	Hispanic o	or Latino
	Yes	Yes No		Not Hispa	nic or Latino
(MM/DD/YYYY)				I prefer no	ot to say
Race (select multiple opti	ions if applicable)	Asian	Black or African	Δmerican	White
American Indian or Alask	a Native	I prefer not to		, , and i	· · · · · · · · · · · · · · · · · · ·
Native Hawaiian or Othe	r Pacific Islander	i preiei not to	o say		
	E	inrollment reaso	n:		
ACADEMIC INFORMATION	ON				
Student ID*	Stude	ent E-mail*		Level*	Undergraduat
(Format: xxx-xxx)			ail you with next steps)		Graduate
/lajor*	Start	Date at FMU*			
dvisor's Name	۸۵	,	ואון טטן דודון		
dvisor's Name (Advisor must provide course of	details and syllabus)	IVISOI S E-IIIdii			
CONTACT INFORMATION	1				
Country*	Street Addr	Street Address 1*			
treet Address 2 (Apartment, Suite	City*		Sta	te*	Zip*
esidency*	Mobile Pho	ne* ()			
(State of residency)					
ACADEUM COURSE DETA	AILS Advisors must co	omplete and sign this	form.		
Course Prefix and Number e.g. MAT 110	Course Title	Credit Hou	urs Start Date	End Date	University
FMU Course being replaced	i				
				Flo	orida Memorial Univ
otal no. of credits this semester		epted, e-mail <u>2144mc</u> nd ISBN number).	gr@follett.com with the	e course's textbo	ok details (Name,
	SIGN	ATURES (requi	ired)		
		Dean/Chair			Date
ident		Deany Chan			