

FLORIDA MEMORIAL UNIVERSITY

WORK FORM

15800 NW 42ND Avenue
Miami Gardens, Florida 33054

Semester: Fall Spring Summer Year:

Student ID# _____

Last Name _____ First Name _____ M.I. _____

Please indicate any other names under which your educational records may appear _____

Permanent Address _____ City _____ State _____

Zip _____ Home Phone Number _____ E-Mail _____

Cell Phone Number _____ Gender Female Male
(For emergency purposes ONLY)

Date of Birth _____ Live On Campus Yes No

Classification: (FR., SO., JR., SR., TR.) Major _____

Graduate Program: Graduate Education Program _____ Graduate MBA Program _____

Note: It is of the utmost importance to the faculty and staff of Florida Memorial University to be able to communicate with you in an emergency or for routine information. Please notify the Registrar's Office of any changes in your address or telephone number.

COURSE PREFIX AND NUMBER	COURSES SECTION TYPE (LEC/WEB/LAB)	COURSE TITLE	CREDIT HOURS	DAYS	CLASS START	CLASS END	INSTRUCTOR	ROOM
EXAMPLE								
MAT110	LEC/1020	Intermediate Algebra	3	MWF	8:00	8:50	John Doe	SAB101

Total No of Credits _____

Student _____ Date _____

Advisor _____ Date _____

Registrar's Office Representative _____ Date _____