FLORIDA MEMORIAL UNIVERSITY
A PROMISE. A FUTURE.

OFFICE OF THE REGISTRAR

FLORIDA MEMORIAL UNIVERSITY
15800 N.W. 42nd Ave
Miami Gardens, FL 33054
Student Services Building Room #139
Phone: (305)-626-3752-4
Email: **fmuregistrar@fmuniv.edu**

COURSE REGISTRATION FORM

Semester: Fall ◯ Spring ◯ Summer ◯ Year _____ Student ID# _____

Last Name _____ First Name _____

Please indicate any other name(s) under which your educational records may appear:

Last Name _____ First Name _____

Last Name _____ First Name _____

Permanent Address _____

_____

_____

E-mail _____ _____
(FMU Student E-mail) (Alternative E-mail)

Phone # ( ) - Gender: Female ◯ Male ◯

Date of Birth _____ Do you live on Campus? Yes ◯ No ◯

Classification <select classification> Major _____

Graduate Program ◯ Graduate Education Program ◯ Graduate MBA Program

Note: Please notify the Registrar's Office of any changes to your mailing/e-mail address and phone numbers.
You will not be considered fully registered until you have cleared the Business Office.

COURSE PREFIX AND NUMBER	COURSE SECTION AND TYPE (LEC/WEB/LAB)	COURSE TITLE	CREDIT HOURS	DAYS	CLASS START	CLASS END	INSTRUCTOR	ROOM
EXAMPLE								
MAT110	1400 LEC	COURSE TITLE	3	MWF	8:00 AM	8:50 AM	John doe	SAB101

Total No. of Credits: 0

_____ _____
Student's Signature Date

_____ _____
Advisor's Signature Date

_____ _____
Registrar's Office Representative's Signature Date

Revised 8/2020