

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? _____ Ethnicity _____
____/____/____ Yes No Hispanic or Latino
(MM/DD/YYYY) Not Hispanic or Latino
I prefer not to say

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 |
|--|--------------|--------------|------------|----------|------------|
|--|--------------|--------------|------------|----------|------------|

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 _____