

Department of Health Outcomes & Biomedical Informatics

Course Registration Form

Please check your Student Account and clear your holds before submitting this form!

Student Name: _____ Student's UFID: _____

EEP student? _____ Have you submitted your EEP Application? _____

Non- Degree _____ Have you submitted your Non-Degree Application? _____ Certificate _____

Semester: _____ Year: _____

Please register me for the following courses:

Course Number	Course Title	# Credit Hours

Total Credits for the semester: _____

Student Signature: _____ Date: _____

Mentor Signature: _____ Date: _____

Registered By:

Registration Date: