FSCJ Florida State College at Jacksonville

Enrollment Request Form

Term: ☐ **Fall**   ☐ **Spring**   ☐ **Summer**

Student Name: _____   **FSCJ Student ID (7-digit):** _____

Date of Birth: _____   **FSCJ Email Address:** _____   Phone Number: _____

Class Number (4-digit)	Course ID (AS-GRA 2946 BAS-DIG 3940)	Course Dates (Session)	Course Days	Start/End Times	Instructor's Name
		B12	TBD	TBD	Thomas, Liz

Check Reason:

☐ **Required for Transfer**   ☐ **Additional Hours Override**   ☐ **Course Outside of My Plan**

☐ **Required for Job**   ☐ **Audit**   ☒ **Other**__Internship__

Note: Developmental education courses in excess of 30 hours/units as well as courses not listed as requirements on your academic plan will not be covered by financial aid. If this applies to the courses you are requesting an override for, do you still wish to be registered? ☐ **Yes** ☐ **No**

_____   _____

Student Signature   Date   IPM/Faculty Signature   Date