

COLLEGE OF DENTISTRY
ELECTIVE ENROLLMENT REQUEST

IMPORTANT: This enrollment form must be on file in the Office of Education before a student can be registered for this elective by the Registrar's Office.

I. Student - Complete all items.

Student Name (print) _____ UFID _____ DN _____

Course Title _____

Student Signature _____ Date _____

Deadline to Drop Elective: To drop an elective, student must contact Office of Education **four weeks prior to the end of the semester.**

II. Elective Course Director- Complete this section and forward the form to the Office of Education.

Credits approved _____ *Hours _____

Expected beginning date _____ Ending date _____

Comments _____

Course Director Signature _____ Date _____

Faculty Mentor Signature (research Mentoring course only) _____

Department _____ Date _____

(*10 hours classroom instruction = 30 hours laboratory exercise = 1 credit hour)

Return completed form to: Office of Education, Room D3-11 or Box 100407

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(Office of Education use only)

Posted Date _____

Registered _____ Date _____

Course # _____

Section# _____

Credit Hours _____