

NAME: _____ UCF ID/ NOT NID: _____ Birthday: ____/____/____

Major: AS to BS Entertainment Events Hospitality Management Restaurant & Food Service Minor

Email: _____@knights.ucf.edu Track: _____ Phone _____

Please note: For enrollment assistance, submitting this form **DOES NOT** guarantee enrollment. You will not be placed into closed classes, or courses that require prerequisites or Instructors/Department consent. Requests are generally processed within 48 hours. Please review your schedule and follow-up prior to the end of Add/Drop for each term.

THIS FORM IS ONLY FOR THE COURSE(S) YOU CANNOT ENROLL INTO.

KEY/COURSE CODE	PREFIX HFT/FSS	COURSE NUMBER	SECTION NUMBER	Lab
12345	HFT	0000	67	

*Has prereqs been met? _____

THIS SESSION FOR SWAP ONLY

Spring 20 ____ Summer 20 ____ Fall 20 ____

Spring 20 ____ Summer 20 ____ Fall 20 ____

KEY/COURSE CODE	PREFIX HFT/FSS	COURSE NUMBER	SECTION NUMBER	Lab
Notes:				
Notes:				

KEY CODE	PREFIX	COURSE #	SECTION #	LAB
Notes:				
Notes:				

Override forms **WILL NOT** be accepted after close of registration (**end of ADD/DROP/SWAP**)

Reason for override:

Prerequisites not met System does not recognize prereqs Time Conflict Other (please explain below)

*If you are trying to exceed the credit hour limit, please fill out an **Academic Exception Form**.

*******STUDENT FINANCIAL RESPONSIBILITY*******

I have read the Student Financial Responsibility Statement and Promise to Pay documents as provided by my advising office. I further understand that said document includes course enrollment facilitated by a university representative. By signing here, I accept the terms of this agreement. <https://studentaccounts.ucf.edu/wp-content/uploads/sites/6/Student-Financial-Responsibility-Statement-and-Promise-to-Pay.pdf>

Student Signature

Date

----- FOR OFFICE USE ONLY -----

_____/_____
Name and title of individual enrolling student

Date: ____/____/____
Revised 11/07/2019