Closed Section Request Form - Microbiology and Cell Science

Your advisor’s signature is required on this form below

Please use this form to request registration in a course that is filled only if you are graduating during the term or need the course during the requested term for a special program

ALL HOLDS ON YOUR RECORD MUST BE REMOVED PRIOR TO SUBMITTING THIS FORM and pre-reqs. must be completed.

You may only request one course per form.

Course you are requesting: _______________________ Semester requested ______________

Please Print
Last Name: _____________________ First Name: ____________________ UFID #:___________

Gatorlink Email: ___________________________@ufl.edu Phone: (     ) ____________________

Major: _______________________________ College: ___________________________________

Current class status (circle one): freshman sophomore junior senior masters/PhD Non-degree

Date of Graduation: Semester ______________ Year ________________

Check one – select the best option: Why is this class needed?

___Universal tracking course that I need this semester to stay on track for my major

___Course required for my degree.

___Course meets an approved elective requirement for my degree.

___Course not required for my degree, but is required as a prerequisite for graduate or health-related program, including medical, vet, PT, physician assistant, accelerated nursing, and other programs. Program applying for: ______________________________________

Latest semester and year I can take this course for application is: ____________

___Other: (Briefly explain)

Advisor’s Signature is REQUIRED: please confirm that the reason checked above is accurate. If the student does not get this course, will his/her graduation be delayed or application to a limited access program will be jeopardized for Fall _____ Yes No, Spring _____ Yes No, Summer _____ Yes No

Semester of Graduation: ___________________ or of Program Application: ________________

Advisor’s Signature: ________________________ Telephone _______________________

Email (please print clearly)_________________________ Department ____________________

Office Use Only: HOLDS: Yes No Registered by: __________________ Date: ______________

Date/Time turned in to office: ______________ Section registered for: __________________