

**** PLEASE COMPLETE ENTIRE FORM ****

University of Florida @ Milton TRIAL SCHEDULE

DATE: _____

UFID#: _____

TERM OF ENROLLMENT: (circle term and insert year)

Fall 20__ Spring 20__

Summer A B C 20__

NAME: LAST FIRST MIDDLE

ADDRESS

CITY / STATE / ZIP

HOME PHONE # ALTERNATE PHONE #

Check here if this is an address change

Date of Birth: ____ / ____ / ____

I need a Gator1 ID card

Gatorlink Email: _____@ufl.edu

MAJOR - PROGRAM OF STUDY

Non-Degree Seeking NRC

MS/PhD PS: EH

MINOR PROGRAM of STUDY _____

Advising Date _____

Expected Term of Graduation: Fall 20__ Spring 20__

Have you applied for graduation? Yes ___ No ___ N/A ___

PAYMENT OF FEES

Check/Credit Card

Financial Aid

VA Benefits

Work Study

Fill out below only for classes at the University of Florida.

Section Number	Course Number	Course Title	Credit Hours	Days [MTWRFSS]	Meeting Times		A - Admitted N - Non-Degree X - Audit
					Begins	Ends	

Fill out below only if you will be attending another institution as a TRANSIENT student.

Section Number	Course Number	Course Title	Credit Hours	Days [MTWRFSS]	Meeting Times		SCHOOL (UWF, PSC, NWF)
					Begins	Ends	

I, the undersigned, understand that the University of Florida expects its students to be honest in all of their academic work. I agree to adhere to this commitment to academic honesty and understand that my failure to comply with this commitment may result in disciplinary actions.

Student Signature: _____

Advisor's Signature: _____