



**ORLANDO CAMPUS:**

**UNDERGRADUATE ADVISING:** Phone: 407-823-3723 • Fax: 407-823-3852 • Office: ED 110

**REGIONAL CAMPUSES:**

**Southern:** 321-433-7947 • **Eastern:** 386-506-4054 • **Western:** 352-536-2183

## REQUEST TO ENROLL IN IDS 4999

Students must be registered at UCF during the semester of graduation. IDS 4999 is a course taken by students attempting to graduate in a specific term with no other enrollment. Please complete and submit this form to the Office of Undergraduate Affairs and Partnerships, ED 110.

Please Print Clearly

Name: \_\_\_\_\_ UCFID: \_\_\_\_\_

Major: \_\_\_\_\_ Track: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

Phone Number: ( ) \_\_\_\_\_  
Area Code Phone Number

Email: \_\_\_\_\_@knights.ucf.edu

Check the term and specify the year that you are requesting enrollment:

Spring (May)     Summer (August)     Fall (December)    Year: \_\_\_\_\_

**Please initial the following statements:**

\_\_\_\_\_ **I must be enrolled at UCF during my graduating term. IDS 4999 is a one (1) credit hour course that will meet this requirement.**

\_\_\_\_\_ **I am aware that there is a course fee associated with IDS 4999 which I must pay by the payment deadline for the specified term. Payment deadlines can be found on the Academic Calendar: [www.registrar.sdes.ucf.edu/calendar/academic/](http://www.registrar.sdes.ucf.edu/calendar/academic/)**

\_\_\_\_\_ **I have submitted an Intent to Graduate form for the term in which I am expected to graduate.**

\_\_\_\_\_ **I understand my graduation status will not be finalized until my degree audit reads "All Requirements Identified Below Have Been Met."**

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

OFFICE OF UNDERGRADUATE AFFAIRS AND PARTNERSHIPS  
*For Office Use Only*

Date: \_\_\_\_\_ Processed by: \_\_\_\_\_