

**GRADUATE PROGRAM
REGISTRATION REQUEST FORM
DEPARTMENT OF MECHANICAL ENGINEERING
USE INK ONLY**

UID: _____

Name (Last, First): _____

Phone: _____

USF Email: _____

I understand that by signing below I have the required prerequisite(s) for the courses I'm registering for with this form.

Student Signature and Date

Semester/Year: _____

CRN	PREFIX AND NUMBER	COURSE TITLE	ADVISOR/INSTRUCTOR APPROVAL	OVERRIDE APPROVAL

Advisor Approval and Date: _____

*THIS FORM MUST BE TAKEN TO THE MECHANICAL ENGINEERING OFFICE (ENC 2300) IN ORDER FOR YOU TO BE REGISTERED.
IF YOU REGISTER FOR COURSES OTHER THAN WHAT ARE APPROVED ABOVE, YOU WILL BE ADMINISTRATIVELY DROPPED FROM THEM.*