

COLLEGE OF DENTISTRY  
ELECTIVE ENROLLMENT REQUEST  
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**IMPORTANT: This enrollment form must be on file in the Office of Education before a student can be registered for this elective by the Registrar's Office.**

**I. Student - Complete all items.**

Student Name (print) \_\_\_\_\_ UFID \_\_\_\_\_ DN \_\_\_\_\_

Course Title \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Deadline to Drop Elective: To drop an elective, student must contact Office of Education **four weeks prior to the end of the semester.**

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**II. Elective Course Director- Complete this section and forward the form to the Office of Education.**

Credits approved \_\_\_\_\_ \*Hours \_\_\_\_\_

Expected beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

Comments \_\_\_\_\_

Course Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Mentor Signature (research Mentoring course only) \_\_\_\_\_

Department \_\_\_\_\_ Date \_\_\_\_\_

(\*10 hours classroom instruction = 30 hours laboratory exercise = 1 credit hour)

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**Return completed form to: Office of Education, Room D3-11 or Box 100407**

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(Office of Education use only)

Posted Date \_\_\_\_\_

Registered \_\_\_\_\_ Date \_\_\_\_\_

Course # \_\_\_\_\_

Section# \_\_\_\_\_

Credit Hours \_\_\_\_\_