



## F-1 ISC Request for Administrative Add of Experiential Learning Course

**Purpose:** This form is used ONLY to add an experiential learning course to a student's UCF transcript in order to provide academic documentation of their Curricular Practical Training.

- This course may be enrolled in at any time during registration, after add/drop or during the term, after the student has been offered employment.
- The course is graded on an S/U (Satisfactory or Unsatisfactory) basis. If a student adds the course during the final four weeks of the term, a grade of Incomplete will be assigned until the following semester, when a grade of S or U will be given.

**Instructions:** Please fill out the form completely and provide signatures from the Experiential Learning Center and the International Services Center. Submit the completed form to the Registrar's Office.

Date Requested: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

### Student Information

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
PID: \_\_\_\_\_ Knights E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Registration Information

| Action | Class Number | Prefix | Number * | Section ** | Credit Hrs |
|--------|--------------|--------|----------|------------|------------|
| ADD    |              |        |          |            |            |
| ADD    |              |        |          |            |            |

\* Number: X-949

\*\* Section: Fall/Spring = 10; Summer = 60

### Signatures

I accept responsibility for payment of my term tuition and fees by the published deadline. I understand that if I do not pay my tuition and fees or do not pay these fees by the deadline, I will be charged a \$100 Late Payment Fee, my records will be put on hold, my account will be referred to a collection agency, and I may incur other financial responsibilities.

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

Experiential Learning Center Instructor of Record Name (Print): \_\_\_\_\_

Experiential Learning Instructor of Record Signature (Faculty): \_\_\_\_\_ Date: \_\_\_\_\_

International Services Center Coordinator Name: \_\_\_\_\_

ISC Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Registrar's Office Use Only

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