

## Certification of Course Approval

Please fax completed forms to the Flexible Learning office at: 352-392-6950 (fax)

### Section I: To be completed by student.

Course Number and Title \_\_\_\_\_

Student's Name \_\_\_\_\_

UFID Number \_\_\_\_\_

Date and Semester of Intended Enrollment \_\_\_\_\_

Date and Semester of Intended Completion \_\_\_\_\_

Do you plan to count this course toward UF degree requirements? (circle) Yes / No

What is your expected term of graduation? \_\_\_\_\_

### Section II: To be completed by college advisor

I certify that this student has **APPROVAL** to enroll in this course through the Division of Continuing Education.

#### *Dean or Academic Advisor's Approval*

\_\_\_\_\_  
College / Major

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Type or Clearly Print Name of Approver

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Position / Title of Approver

\_\_\_\_\_  
Date