UF | Division of Continuing Education
UNIVERSITY of FLORIDA

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?

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