

UNIVERSITY GRADUATE SCHOOL

REQUEST FOR DEPARTMENTAL AFFILIATION

(Intended for students who have already reached 12 graduate credits as non-degree seeking)

Date:		
Name:		
PID:		
Term:		
Email Address:		
Reason for affiliation request	:	
(i.e. personal growth, certification, etc.)		
	niversity Graduate School that I am reques	
,	affiliated status as non-degree seeking stu department Graduate Program Director (• • • • •
 Any graduate course of student will not be eliment. 	credit hours taken beyond the 12 credit hogible for transfer.	ours as a non-degree seeking
seeking student does not imp	to the terms above and understand that early a right to be admitted in the future as a naffiliated non-degree-seeking student be the University.	regular, degree-seeking student.
The academic unit has given	their approval of this affiliation by signing	below.
Student's signature	Printed Name of GPD/Chair	Signature of GPD/Chair
signed by student, GPD/Chair, plo	ee seeking application must be on file to submease submit hardcopy to UGS, MARC240, Mod-2455, Fax: 305-348-3433, Email: ugs@fiu.edu	esto A. Maidique Campus, 11200 SW

Due date: The form must be submitted to UGS on a timely manner to ensure full processing and meet appropriate registration deadlines. Approved forms will be forwarded to Enrollment Management & Services for processing.

FOR OFFICE USE ONLY

APPROVED DENIED

Reviewed by: ______ Date:_____