

In order to register for an NRF-based off-book course, this form must be completed and emailed (along with any additional required information) to the course coordinator at NRFcourses@ece.ufl.edu. After this form is received and processed, the student will receive an email message indicating that they are released to register for the course. The student will then be responsible for registering in ISIS for the appropriate total number of credits.

Step 1. Provide the following information:

Name: _____ UFID: _____ Semester: **Spring 2016** Academic Dept.: _____

Email: _____ Phone: _____ Faculty Advisor (if applicable): _____

Residency (circle one): *US Citizen /Perm. Resident /International* Funding Department (if applicable): _____

Course	Title	Credit	Tuition per credit	Fees per credit	Total: Tuition + Fees
EEE5354L	<i>Semiconductor Device Fabrication</i>	3	\$737.43	\$81.96	\$2,458.17

*NOTE: Weekly lectures will be held on M 7-8 in room NRF 115.
 The time and date of the Lab Section is TBD and will be arranged after attending the first lecture.*

Step 2. Indicate the source of tuition for this course:

2a: _____ Self-Funded, Teaching Assistantship, or Achievement Award

- With this option the student must pay the full tuition and fees listed above via the normal UF systems by the standard fee-payment deadline.

2b: _____ Research Assistantship and/or Fellowship (e.g. GSF, NSF, NASA, NDSEG, SMART, GEM, etc.)

- With this option, the research advisor and/or department may pay the full amount tuition and fees.
- However, if research advisor and/or department do not pay for the total amount, the student is responsible to pay the remaining balance by the normal UF systems and fee-payment deadline.
- The student will not be able to register for the course until the Scholarship Notification Document (SND) form is filled out, signed by their department, a copy is submitted to the bursar's office, and a copy is emailed to NRFcourses@ece.ufl.edu.
- **NOTE: It is the student's responsibility to discuss/confirm the actual amount to be paid by the funding department / research advisor.**

Step 3. Sign and email this form to the course administrator at: NRFcourses@ece.ufl.edu

- By signing this form, the student understands and agrees to pay the full amount (Option 2a) or partial amount (Option 2b) of the total off-book course tuition and fees, as indicated above.

Student Signature

Print Name

Date

2015-2016 Scholarship Notification Document (SND)

~ Please Refer to the SND Instruction Guide Before Completing This Form ~

SND must be received at least 4 days prior to Fee Payment Deadlines for best chance that a Fee Deferment can be processed by UB

1. Dept. Flex _____ (Do not include any other numbers; only Flex Account Number)

2. Scholarship Name _____ (scholarship name is maximum 30 bytes.)
 For correct scholarship name go to SFA Eagle Start Screen at <http://eagle.sfa.ufl.edu/>. Using Flex #, search in the Item Type Table then **COPY & PASTE** on the SND. Instructions are on Page 3 of the SND Instruction Guide at <http://www.sfa.ufl.edu/publications/forms/>.

3. Is "Financial Need" Part of the Donor Restricted Criteria? NO YES (Refer to SND Instruction Guide for UF Policy)

4. Signature below authorizes release of scholarship funds from our college or department and certifies donor restrictions have been met.

Authorized Signature Typed or Printed Name

Person Who Can Answer Questions Regarding this SND

5. Contact Name _____

6. Campus P.O. Box _____

7. Contact Email _____

8. Contact Phone _____

9. Date Prepared _____

10. Special Processing Instructions to SFA (refer to Guide for examples): _____

Full-Time Enrollment Required for Award to Pay --- If student is NOT enrolled full-time, you must complete Box # 17

11. UFID #	12. STUDENT'S NAME (Last Name First)	SFA USE ONLY	13. Fall 2015	14. Spring 2016	15. Sum A 2016	16. Sum B 2016	17. If student is not enrolled full-time, indicate minimum # enrolled hours required to receive scholarship.
							# Hrs _____
							# Hrs _____
							# Hrs _____
							# Hrs _____
							# Hrs _____
							# Hrs _____
							# Hrs _____
							# Hrs _____
							# Hrs _____
							# Hrs _____

SFA Use Only	Aid ID #: _____	or	COLG	Item Type: _____	Comment: _____	COLG-INFO	NEEDBASED
	Date: _____		SFA Initials: _____	Verified: _____			

**** For student privacy reasons DO NOT send as an email attachment ****