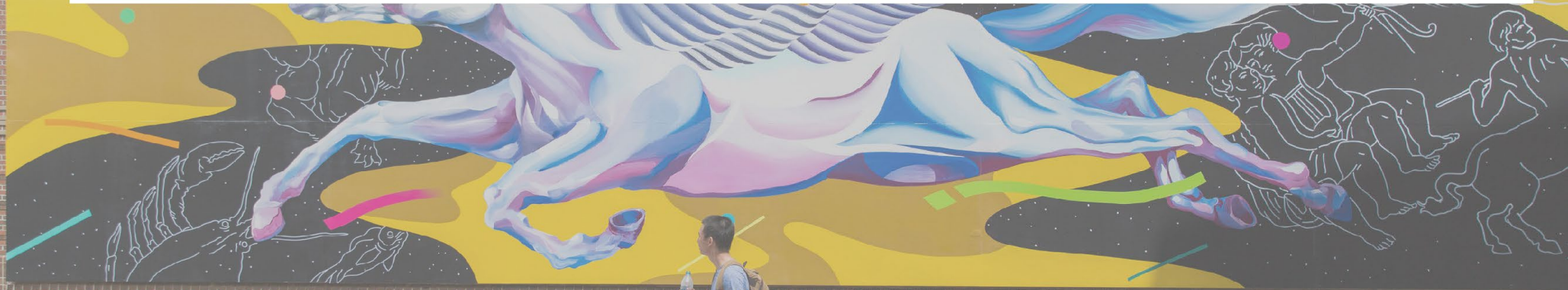




UCF

UNIVERSITY OF
CENTRAL FLORIDA

NAVIGATING UCF



DR. PHILLIPS ACADEMIC COMMONS

HEATHER COHEN-STANLEY

*Assistant Director,
Downtown Student Services*

528

DR. PHILLIPS ACADEMIC COMMONS

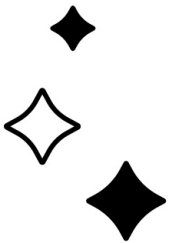
TIM DONOVAN

*Associate Director,
Downtown Student Services*

528

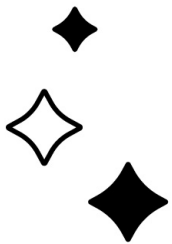
OUR AGENDA

- Who's Who
- Important Policies to Know
- Academic Basics
- UCF Systems
- Why This Is Important to You



WHO'S WHO

- University President
- Provost and Administration
- Colleges
- Academic Advisors
- Faculty
- Downtown Administrators/Staff
 - Associate Provost
 - Assistant Vice President
 - First Stop
 - Student Care Services
 - Student Success and Engagement



ACADEMIC BASICS



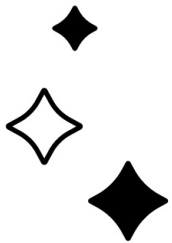
ACADEMIC BASICS



→ Colleges

→ Majors and Minors

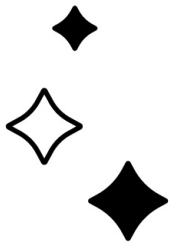
→ Curriculum



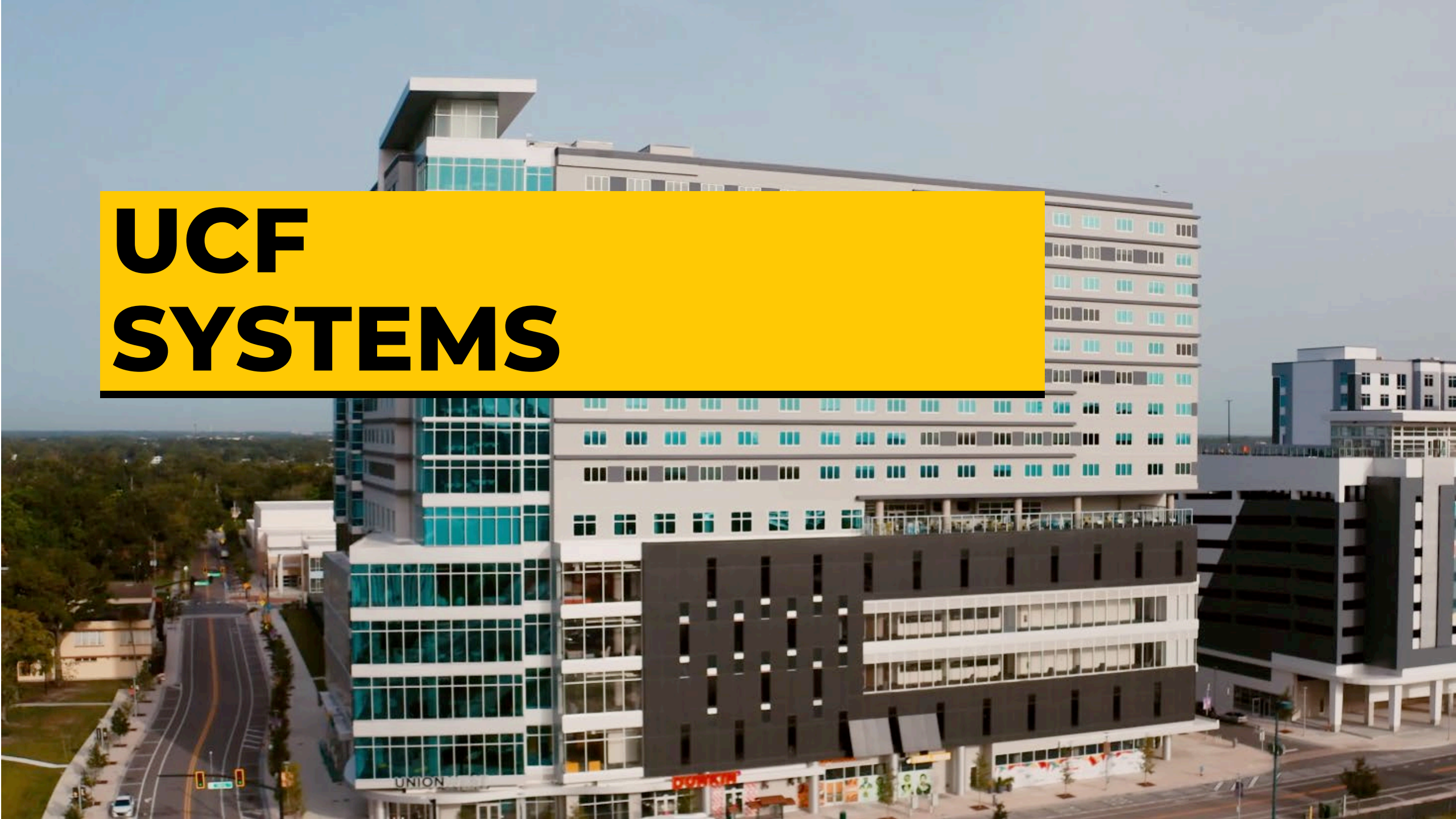
ACADEMIC BASICS



- Academic Success Coaching
- Course Registration



UCF SYSTEMS



myUCF Menu

- ▶ Academic Resources
- ▶ Staff Applications
- ▶ Student Self Service
- ▶ Employee Self Service
- ▶ Manager Self Service
- ▶ Faculty/Advisor Self Service
- ▶ My Content
- ▶ Reporting Tools
- Change my NID Password
- Knights Email
- Webcourses@UCF
- UCF Home Page
- UCF COM Home Page
- UCF Company Directory
- My Preferences

Featured Topics



[Spring Grading](#)

Grade Roster Availability

Mobile Version

myUCF has additional student self-service functionality available via mobile at m.my.ucf.edu.

- About Me (Names, Addresses, Phone Numbers, Email Addresses, Emergency Contacts, Ethnicity, FERPA Restrictions, UCF Alert, UCFID Info)
- Holds and To Do List
- Housing Status
- Class Search
- Enrollment (Enrollment Dates, Shopping Cart, Add, Drop, Swap)
- My Academics (My Advisors, My Class Schedule, My Weekly Schedule, View My Grades)
- My Finances (Student Direct Deposit, View Financial Aid, View My Account)

Please use the Give Feedback option within myUCF Mobile to send us your comments. If you have questions or need assistance, please contact the Service Desk at 407-823-5117 or servicedesk@ucf.edu.

Degree Audit



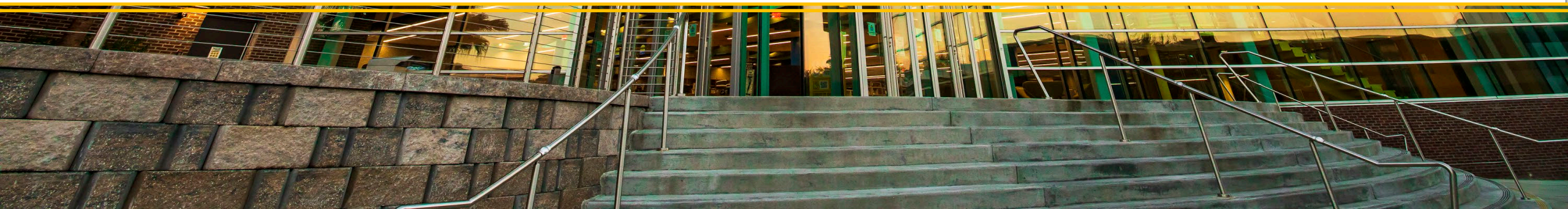
myKnightAudit

Interactive progress toward Undergraduate degree program completion



Graduate Plan of Study

Provides a current status report of Graduate program requirements towards graduation





Dashboard



Coming Up [View Calendar](#)

- QBM Lecture**
QBM
Apr 20 at 9:30am
- Immunology Lecture**
Immunology
Apr 20 at 11:30am
- Lecture (0002)**
Immunology
Apr 20 at 12:30pm

15 more in the next week ...

Recent Feedback

- Chapter 21 & 22 Activity**
Molec Bio II
- Chapter 20 Activity**
Molec Bio II
3.2 out of 5
- Exam 5**
Developmental Psych
48 out of 50

at least 17 more in the past two weeks ...

[View Grades](#)

Epidemiology
MCB4276-22Spring 0001
Spring 2022

Immunology
PCB3233-22Spring 0001
Spring 2022

Developmental Psych
DEP2004-22Spring 0W60
Spring 2022

QBM
BSC3403C_CMB-22Spring 00...
Spring 2022

Molec Bio II
PCB4524-22Spring 0V61
Spring 2022



- ▶ Academic Resources
- ▶ Staff Applications
- ▼ Student Self Service
 - ▶ Personal Information
 - ▶ Holds & To Dos
 - ▶ Student Records
 - ▶ Graduate Students
 - ▶ International Students
 - ▶ Undergraduate Admissions
 - ▶ Student Accounts
 - ▶ Financial Aid
 - ▶ Scholarship Application
 - ▶ Housing
 - ▶ Dining Services
 - ▶ User Settings
 - ▶ Placement Test Self-Enrollment
 - ▶ Student Center
 - ▶ myKnightSTAR
- ▶ Employee Self Service
- ▶ Manager Self Service
- ▶ Faculty/Advisor Self Service
- ▶ My Content
- ▶ Reporting Tools
- ▶ Change my NID Password
- ▶ Knights Email
- ▶ Webcourses@UCF
- ▶ UCF Home Page
- ▶ UCF COM Home Page
- ▶ UCF Company Directory
- ▶ My Preferences

go to ... ▼ ⏏

Pegasus Path

Pegasus Path

Cumulative GPA 3.972 [Print](#)

UCF GPA 3.972

[UPDATE ALERTS](#)

HONORS

[Help](#) [Feedback](#) [Tutorials](#) [mySchedule Builder](#) [myKnight Audit](#) [Audit with Planned Courses](#)

▼ My Areas of Study				
Program	Plan	Catalog Year	Planner Available	Primary Major
College of Medicine	Biomedical Sciences BS (MAJ / BS)	Fall 2019	Yes	Yes

▼ Preferences

Fall 2022	12.00 units	<p>To make the best possible suggestions, Pegasus Path needs to know which terms you plan to attend and how many units you plan to take each term. Default hours and terms are based on recommendations related to your declared programs. Please edit your Preferences if they are not correct. You may update Preferences at any time.</p> <p>Please check prerequisites for each course in the CURRENT catalog for the term you plan to take it.</p> <p>Consult the 'Audit with Planned Courses' link above to view your myKnight audit including your course selections made below. This will display how your future course plan will meet requirements within your degree.</p>
-----------	-------------	--

[EDIT MY TERMS & UNITS](#)

[ARRANGE MY PLAN](#) [PEGASUS PATH REPORT](#) [WHAT-IF REPORT](#) [REFRESH SUGGESTIONS](#) [CLEAR LOCKS](#)

Below you will find course work based on the remaining requirements for your major(s) and minor(s). [What is a Lock?](#)
 Please note that not all plans may be available at this time.

Fall 2022

Planned Units 4.00 Target Units 12.00

Requirement	Notes	Critical Course	Units	Selection	Info	Select	Lock	Advisor Message	Remove
GEP 7 - MAC 2311C Calculus with Analytical Geometry			4	MAC 2311C		Select	<input type="checkbox"/>		

[Add Course](#)

[Go to Top](#)

Pegasus Path is a tool used to assist students and advisors in arranging courses for degree completion. The order of courses presented does not guarantee a degree will be awarded by the timeline presented. Students should refer to their myKnight Audit and



UNIVERSITY OF CENTRAL FLORIDA

Course Status

Open Classes Only

Change

Term

Summer 2022

Change

Locations

All Locations Selected

Change

Sessions

All Sessions Selected

Change

Instruction Modes

All Instruction Modes Selected

Change

Instructions: Add desired courses and breaks and click Generate Schedules button!



Courses

+ Add Course

Add the courses you wish to take for the upcoming term.

Breaks

+ Add Break

Add times during the day you do not wish to take classes.

Schedules

Advanced Options

View Schedules

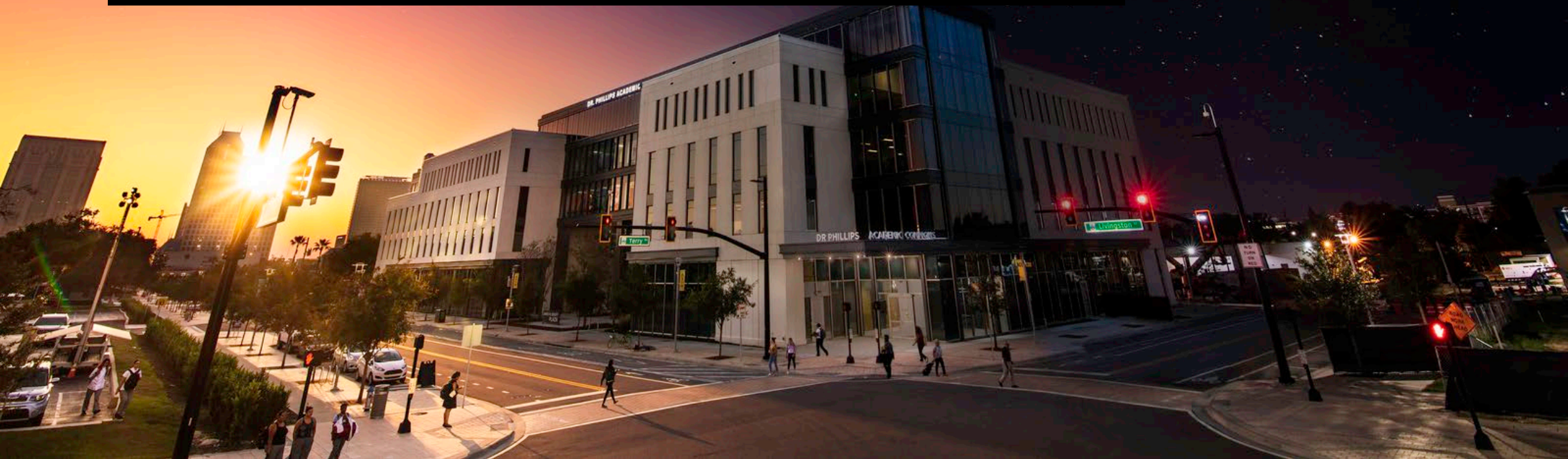
Generate Schedules

Compare



Select at least two schedules to compare side by side

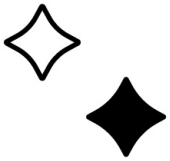
UCF POLICIES





UCF POLICIES

- FERPA: Family Education Rights & Privacy Act
- HIPAA: Health Insurance Portability & Accountability Act
- ◆ • Financial Aid Policy



- ▶ Academic Resources
- ▶ Staff Applications
- ▶ Student Self Service
 - ▶ Personal Information
 - ▶ Holds & To Dos
 - ▶ Student Records
 - ▶ Graduate Students
 - ▶ International Students
 - ▶ Undergraduate Admissions
 - ▶ Student Accounts
 - ▶ Financial Aid
 - ▶ Scholarship Application
 - ▶ Housing
 - ▶ Dining Services
 - ▶ User Settings
 - Placement Test Self-Enrollment
 - Student Center
 - myKnightSTAR
- ▶ Employee Self Service
- ▶ Manager Self Service
- ▶ Faculty/Advisor Self Service
- ▶ My Content
- ▶ Reporting Tools
- Change my NID Password
- Knights Email
- Webcourses@UCF
- UCF Home Page
- UCF COM Home Page
- UCF Company Directory
- My Preferences

Carson Lewis

go to ...

Personal Information | **Security** | Participation

FERPA Restrictions | Record Release Authorization

FERPA Restrictions

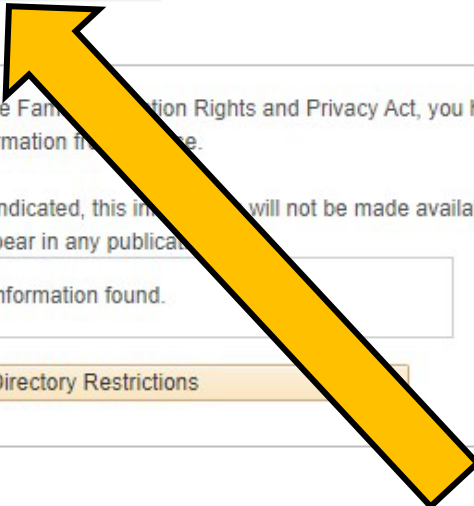
Under the regulations defined by the Family Education Rights and Privacy Act, you have chosen to restrict the following information from release.

Please note that unless otherwise indicated, this information will not be made available to any oral or written request nor will it appear in any publications.

No current FERPA restriction information found.

Edit FERPA/Directory Restrictions

Go to top



- ▶ Academic Resources
- ▶ Staff Applications
- ▶ Student Self Service
 - ▶ Personal Information
 - ▶ Holds & To Dos
 - ▶ Student Records
 - ▶ Graduate Students
 - ▶ International Students
 - ▶ Undergraduate Admissions
 - ▶ Student Accounts
 - ▶ Financial Aid
 - ▶ Scholarship Application
 - ▶ Housing
 - ▶ Dining Services
 - ▶ User Settings
 - ▶ Placement Test Self-Enrollment
 - ▶ Student Center
 - ▶ myKnightSTAR
- ▶ Employee Self Service
- ▶ Manager Self Service
- ▶ Faculty/Advisor Self Service
- ▶ My Content
- ▶ Reporting Tools
- Change my NID Password
- Knights Email
- Webcourses@UCF
- UCF Home Page
- UCF COM Home Page
- UCF Company Directory
- My Preferences

Carson Lewis

go to ...

- Personal Information
 - Security**
 - Participation
- [FERPA Restrictions](#) | [Record Release Authorization](#)


Record Release Authorization

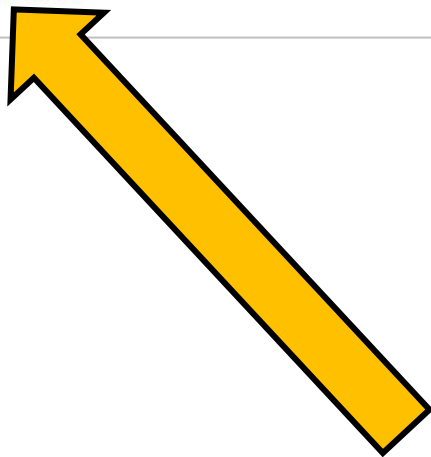
This **Online Record Release** process authorizes the release of personally identifiable information, education records, and financial records to the third parties you, the student, give permission to. You must complete all items on the next page. *By completing this you understand that this does not create a new User ID and Password to access your education records via myUCF.*

Please note: requests for copies of grades requires a **UCF Official Transcript**, which carries a processing charge. For details, contact the Registrar's Office (**407-823-3100**) or the web site at <http://registrar.ucf.edu/transcript-request>

No current FERPA restriction information found.

Create New Release Authorization

 [Go to top](#)





- ▶ Academic Resources
- ▶ Staff Applications
- ▼ Student Self Service
 - ▶ Personal Information
 - ▶ Holds & To Dos
 - ▶ Student Records
 - ▶ Graduate Students
 - ▶ International Students
 - ▶ Undergraduate Admissions
 - ▶ Student Accounts
 - ▶ Financial Aid
 - ▶ Scholarship Application
 - ▶ Housing
 - ▶ Dining Services
 - ▶ User Settings
 - ▶ Placement Test Self-Enrollment
 - ▶ Student Center
 - ▶ myKnightSTAR
- ▶ Employee Self Service
- ▶ Manager Self Service
- ▶ Faculty/Advisor Self Service
- ▶ My Content
- ▶ Reporting Tools
- ▶ Change my NID Password
- ▶ Knights Email
- ▶ Webcourses@UCF
- ▶ UCF Home Page
- ▶ UCF COM Home Page
- ▶ UCF Company Directory
- ▶ My Preferences

Record Release Authorization

Choose the record(s) for which you authorize release, and designate one specific person, or one specific organization or agency to release the record(s) to. That one specific person can be yourself, if you are being advised remotely. Multiple persons and or multiple organizations/agencies will require multiple authorizations.

You must complete all areas including the name and address of the person (including yourself, if you are being advised remotely) or organization/agency to disclose to, the purpose of the disclosure, and if the disclosure may be made by phone, in person, or by email. If you choose to have your record(s) disclosed by phone or by email, you must provide a passcode that the person or organization/agency will need to provide prior to the disclosure or discussion of your record(s).

If there are records you wish to be released that are not on the list below, you will need to go to the Registrar's Office in Millican Hall, room 161 and request the paper version of the Records Release Authorization form. The release of disciplinary records information on Student Conduct Holds requires the completion of a disciplinary records waiver from the Office of Student Rights and Responsibilities.

You must click "**SAVE**" at the bottom of the page to finalize your authorization.

Authorization Status: ▲ New

Records I authorize for release:

- GPA (Requests for term grades requires transcript)
- Academic Petitions
- Financial Aid
- Student Accounts charges, payments, and refunds
- Academic Standing
- Current Term Course Schedule
- Residency Status (In-State Student/Out-of-State)
- Gender
- Knights Email Address
- Other Email Address
- Test Scores (AP, IB, CLEP, SAT, GRE)
- Advising Notes
- Holds (reasons and amounts)
- 1098-T Tax Information
- Readmission
- Graduation and degree progress
- Grades

I authorize the following Person, Organization or Agency to discuss the above records with UCF personnel:

Name:



Student Health Services

Health Information Management Department
4098 Libra Drive, Orlando, FL 32816-3333
Tel (407) 823-2091, Fax (407) 823-3359

Authorization to Release Protected Health Information

- Entire Medical Record: All / Specific date: _____
- GYN Records: All / Specific date: _____
- Dental Record/Images: All / Specific date: _____
- Lab Result: List test(s) or date(s): _____
- Radiologist Interpretation/Report: _____
- Copy of Medical Images: _____
- Immunization Records: All or Specific Immunization _____
- Other: _____

I understand that this information may include HIV-related information and/or information relating to diagnosis or treatment of psychiatric disabilities and/or substance abuse and that by **initialing** below, I am specifically authorizing the release of information relating to:

___ Alcohol Abuse ___ Sexual Assault Records ___ Drug Abuse

___ STD ___ HIV and/or AIDS ___ Psychiatric Records

The confidentiality of these records is required under U.S. Public Law 104, 42 CFR Part 2, and Florida State Law. This material shall not be transmitted or re-disclosed to anyone without written consent or authorization as provided in these statutes. **Please note: Any records released will include a current medication list that may be related to the above information.**

- Format: Pick up Mail Fax Consent to Discuss
 Paper CD Flash Drive Email

Entity Releasing Information

Entity Receiving Information

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Email Address: _____

Purpose of Disclosure: Continuity of Care Other _____

- I understand if the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy laws and may be redisclosed.
- I understand that I may ask and get a copy of this authorization after I sign it.
- UCF Student Health Services may not deny treatment, payment, enrollment or eligibility for benefits based on whether or not I sign this authorization.
- **I understand that this authorization will expire 90 days from date signed unless another date is specified for continuous exchange of information. Expiration Date:** _____
- I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do, it won't have any affect on any actions UCF Student Health Services took before they received the revocation.

*******IF NOT SIGNED IN PERSON FORM MUST BE NOTARIZED BELOW IN THE WITNESS SECTION*******

Patient Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____ UCF ID#: _____

Signature of Parent or legal Guardian (when applicable) _____ Date _____

Witness Name & Signature _____ Date _____

Revocation of Authorization

I, _____, would like to revoke this authorization as of: _____

Signature to Cancel: _____

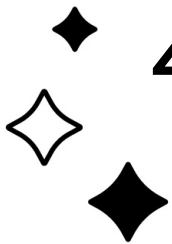
*****CONFIDENTIALITY NOTICE*****

The documents accompanying this telecopy transmission contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you received this telecopy in error, please notify the sender immediately to arrange for return of these documents.

Faxed By: _____ Mailed By: _____ E-mailed By: _____ Hand Carried By: _____ Date: _____

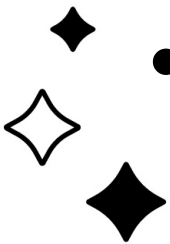
ACTION ITEMS

1. Define your student's support system
2. Talk about how you will communicate information
3. Talk through hypothetical detours and bumps in the road
4. Keep calm and go Knights!



RESOURCES

- Student Care Services:
<https://scs.sdes.ucf.edu/>
- Student Success and Engagement:
<https://dtc.sdes.ucf.edu>
- FERPA: <https://registrar.ucf.edu/ferpa/>
- HIPPA: <https://studenthealth.ucf.edu/records/>



QUESTIONS?

