

# RESTRICTED REGISTRATION AGREEMENT FORM

**STUDENT INFORMATION:**

Directed Independent Studies (only 6 hours) 5907 or 6908 Directed Research 6918 Internships, Practica, Clinical Practice 5944 or 6946 Study Abroad 5957 or 6958 Research Report 6909 Thesis 6971 Doctoral Research 7919 Doctoral Dissertation (must have candidacy status) 7980 Graduation Requirement IDS 6999	NAME: _____ PID: _____ EMAIL: _____ PROGRAM: _____ TERM*: _____ YEAR: _____ *For Summer, include session A, B, C, or D
---	---

**VERRIDE**

COURSE: \_\_\_\_\_

Class #(Key Code)	Prefix	Course #	Title	Credits
-------------------	--------	----------	-------	---------

**RESTRICTED REGISTRATION**

GRADE SCALE (CHECK ONE):     S/U     A/F

1. COURSE: \_\_\_\_\_

Prefix	Course #	Credits
--------	----------	---------

(All students in the same section must be graded on the same scale; 6918, 6909, 6971, 7919, & 7980 must be graded S/U)

2. TITLES: For Independent Study and Directed Research courses only. Limit to 13 characters.

5907/6908 (IS); 6918 (RES): \_\_\_\_\_

3. DESCRIPTION OF ASSIGNMENTS AND EXPECTATIONS

Due by: \_\_\_\_\_

Assignments and list of specific items for which the student is responsible, such as papers, notebooks, examinations, reports or programs. Provide due dates if possible:

"I Hereby Agree to the terms outlined above and/or attached to this form for completion of this Restricted Course. I Hereby Agree to observe all safety rules (if applicable) of this Restricted Course. I Hereby Understand that it is my responsibility to ensure that my overall enrollment for the semester is correct.

I accept responsibility for payment of my semester tuition and fees by the published deadline. I understand that if I fail to pay my tuition and fees by the deadline, I will be charged a \$100 Late Payment Fee; my records will be put on hold, my account will be referred to a collection agency; and I may incur other financial consequences.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Instructor's Name

**OFFICE USE ONLY:**

Build or Assign: \_\_\_\_\_ Class Number: \_\_\_\_\_

Candidacy Passed: \_\_\_\_\_ T/D Committee Approved: \_\_\_\_\_ Hold: \_\_\_\_\_

\_\_\_\_\_  
Authorized College Representative

\_\_\_\_\_  
Date