

# RESTRICTED REGISTRATION AGREEMENT FORM

OFFICE USE ONLY

General Title	Special Grad	Grad & Prof.
Directed Independent Studies	5907	6908
Directed Research	5917	6918
Internships, Practicums, Clinical Practice	5944	6946
Study Abroad	5957	6958
Research Report		6909
Thesis		6971
Doctoral Research		7919
Doctoral Dissertation (must have Candidacy status)		7980

T/D Cmte Approved: \_\_\_\_\_

Candidacy Passed: \_\_\_\_\_

Class Number: Build / Assign

1. STUDENT NAME: \_\_\_\_\_ PID: \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ knights.ucf.edu

REGISTRATION TERM: Fall \_\_\_ Spring \_\_\_ Summer A B C Year \_\_\_\_\_

COURSE: \_\_\_\_\_ Sciences \_\_\_\_\_  
Prefix Course # Credits College ~~CR~~ / AP Program

GRADE SCALE (check one): S/U \_\_\_ A/F \_\_\_ (All students in the same section must be graded on the same scale; 6906, 6971, & 7980 must be graded S/U)

2. **IS and DR TITLE FOR TRANSCRIPT:** For Independent Study (IS – 5907 or 6908) and Directed Research (DR – 5917 or 6918) courses only. Limited to 13 characters.

\_\_\_\_\_

3. **DESCRIPTION OF ASSIGNMENTS AND EXPECTATIONS:**

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

Identify assignments and list of specific items for which the student is responsible, such as papers, notebooks, examinations, reports or program. For Independent Study courses, student must also be provided with an outline of course expectations. Include attachment if necessary.

4. **ACKNOWLEDGEMENT:**

- "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.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Program Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized College Representative's Signature

\_\_\_\_\_  
Date

**Program/Office Use Only:**

If thesis (6971) or dissertation (7980) enrollment request is for more than full-time (more than 3 credit hours) rationale must be provided: