

## RESTRICTED REGISTRATION AGREEMENT FORM

Grad	uate Services		STUDENT I	NFORMATION:	
	ral Title Special Grad		NAME:		
	ted Independent Studies 5907 ted Research 5917	6908 6918		<del> </del>	
	ships, Practicums, Clinical Practice 5944	6946			
Resea	Abroad 5957 arch Report	6958 6909			
Thesis Doctoral Research		6971 7919			
	ral Dissertation (must have Candidacy status)	7980	TERM:	YEAR:	
OFFICE USE ONLY:		RESTRIC	CTED REGISTRA	ATION:	
T/D Committee Approved:		1. COURSE:			
i	ndidacy Passed:	-	Prefix	Course # Cre	edits
Cla	ss Number:				
Bui	ld:	GRADE SCALE (CHECK ONE): S/U A/F			
Hol	d:	CIVIDE	SOALL (OHLOR	ONE). 0/0 /	VI O
<u>.</u>		(All students in the same section must be graded on the same scale; 6918, 6909, 6971, 7919, & 7980 must be graded S/U)			
2.	IS and DR TITLE FOR TRANSCRIPT (OPT	<b>IONAL)</b> : For I	ndependent Study (IS	3: 5907 or 6908) and Directed	Research (DR:
	5917 or 6918) courses only. Limited to 13 characters.				
3.	DESCRIPTION OF ASSIGNMENTS AND E	XPECTATIO	NS (attach additi	onal page or syllabus as	necessary):
Assignment 1:				% of grade _	
	Assignment 2:			-	
	Assignment 3:				
Cono	-				
CONS	ultation Policy (example: weekly meetings, daily er	Tialis, etc.).			
Δ s s i s	symment Details and Learning Outcomes: Specific d	etails for each	assignment listed	ahove including expectation	
	nment Details and Learning Outcomes: Specific de earning outcomes. If more assignments are require			ibove including expectation	is, conditions,
4.	ACKNOWLEDGEMENT:				
	I agree to the terms outlined above and/or attached to this form for completion of this restricted enrollment. I understand				
	that it is my responsibility to ensure that my overall enrollment for the semester is correct. If applicable, I will observe all				
	safety rules of this restricted enrollment. 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	-
	5				
	Authorized Program Representative's Signature (OPTI	ONAL)	 Date		
		/			

Date

Authorized College Representative's Signature