RESTRICTED REGISTRATION AGREEMENT FORM

NAME: ________________________________
PID: __________________________________
EMAIL: ________________________________
PROGRAM: ______________________________
TERM: ______________ YEAR: ____________

RESTRICTED REGISTRATION:

1. COURSE: ________     ____________    __________
   Prefix Course # Credits

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

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

OFFICE USE ONLY:

T/D Committee Approved: __________________
Candidacy Passed: _________________________
Class Number: ____________________________
Build: __________________
Hold: __________________

RESTRICTED REGISTRATION:

1. COURSE: ________     ____________    __________
   Prefix Course # Credits

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

(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 (OPTIONAL): 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 (attach additional page or syllabus as necessary):

   Assignment 1: ______________________________ Due Date: __________ % of grade ______
   Assignment 2: ______________________________ Due Date: __________ % of grade ______
   Assignment 3: ______________________________ Due Date: __________ % of grade ______

Consultation Policy (example: weekly meetings, daily emails, etc.):

Assignment Details and Learning Outcomes: Specific details for each assignment listed above including expectations, conditions, and learning outcomes. If more assignments are required, include below.

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 __________________

Authorized Program Representative’s Signature (OPTIONAL) __________________________ Date __________________

Authorized College Representative’s Signature __________________________ Date __________________