

RESTRICTED REGISTRATION AGREEMENT and OVERRIDE FORM

STUDENT INFORMATION:

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

OVERRIDE

COURSE: _____

Class #(Key Code)	Prefix	Course #	Title	Credits
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RESTRICTED REGISTRATION

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

1. COURSE: _____

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

2. DESCRIPTION OF ASSIGNMENTS AND EXPECTATIONS

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.

"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

Printed Instructor's Name

Date

OFFICE USE ONLY: Build or Assign: _____ Class Number: _____ Hold: _____

Candidacy Passed: _____ T/D Committee Approved: _____ T&D hours min?: _____

Authorized College Representative

Date