RESTRICTED REGISTRATION AGREEMENT FORM

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

STUDENT INFORMATION:
NAME: ________________________________
PID: __________________________________
EMAIL: ________________________________
PROGRAM: ____________________________
TERM: ______________ YEAR: ____________

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.):
   [blank space for consultation policy]
   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.
   [blank space for assignment details]

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 ____________