

# RESTRICTED REGISTRATION AGREEMENT FORM

**STUDENT INFORMATION :**

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

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.):*

*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