UCF
COLLEGE OF SCIENCES
ACADEMIC SERVICES
Graduate Services

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.):

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