College of Sciences

Undergraduate Registration Agreement

Name _____ **PID** _____
(Print- Last) *(First)*

Major _____ **Email:** _____ **Daytime phone** _____
(Print)

Instructions - Faculty:

- Enter the term & year, select the course type, then specify all information requested (prefix, #, credit and grading scheme).
- Locate the class number (key code) for that particular section on https://my.ucf.edu
  Warning: The class number (key code) defines the course and instructor, and takes precedence over any differing information listed on this form!
- If the section does not exist, submit the form to COS Advising Services (COSAS) no later than day 3 of Add/Drop. The College must create the section to obtain the class number before registration can proceed.
- Specify the credit, and detail all work to be completed, as well as policies regarding grading, consultation and absences.
- Work **must** be completed by the last day of classes unless a due date is specified.

Instructions - Student:

- Be sure you understand exactly what work is being required of you for your grade.
- Enter your name, PID, major, email, and phone, obtain necessary signatures, and provide a copy to each person signing.
- Email this form to **cosoverride@ucf.edu** prior to the date specified.

Term: _____ **Year:** _____ **FIle form by:** End of Add/Drop *(or by this earlier date)* _____

Title	Class #	Prefix	course # (Circle one)			credit	To be Graded as
Directed Independent Studies	_____	_____	3905	4906	5907*	_____	S/U ☐ Letter ☐
Directed Independent Research	_____	_____		4912	5917*	_____	S/U ☐ Letter ☐
Internship, Practicum, Clinical	_____	_____	3940	4941		_____	S/U ☒ Letter ☐
Other	_____	_____				_____	S/U ☐ Letter ☐
Biology Lab Techniques	_____	BSC		4422L		_____	Graded S/U only
Advanced Applied Psychology	_____	INP		3141C		_____	Graded S/U only
Undergraduate Field Work	_____	PSY		3951		_____	Graded S/U only

**Graduate Courses open to advanced seniors only with the Dean's consent*

Assignments and Expectations:

Assignment 1: _____ Date Due: _____ % of grade _____
(First evaluation should be conducted before withdrawal deadline)

Assignment 2: _____ Date Due: _____ % of grade _____

Assignment 3: _____ Date Due: _____ % of grade _____
(last day of classes in the term, or the above date)

Consultation Policy: _____

Description of work required _____

_____

_____

ADDRESS OF WORK SITE: _____

Required Student Signature:

I have read the Student Financial Responsibility Statement at https://studentaccounts.ucf.edu/financial-responsbility and Promise to Pay documents found on the Student Accounts website or which were provided by my advising office. I further understand that said document includes course enrollment facilitated by a university representative. By authorizing this registration, I accept the terms of this agreement. Students not enrolled in 0 credits for 4912 will be charged for 1 credit hours of tuition plus fees.

Student: _____ **Date:** _____
(Signature)

Approval Signatures:

Instructor: _____
(Print name) *(Signature)*

Dpt Chair *(or designee)*: _____

College Dean* _____
(for 5000 level courses)

For College use only: _____ *(04/15/25)*