

RESTRICTED REGISTRATION AGREEMENT and OVERRIDE FORM

STUDENT INFORMATION:

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