

RESTRICTED UNDERGRADUATE COURSE REGISTRATION FORM

<u>Course Title</u>	<u>Number</u>
Directed Independent Study	4906
Directed Research	4912
Internship/Practicum	4941

Registration term/year: Fall Spring Summer Year: _____

Name: _____ UCFID: _____

Knights Email: _____ Major: _____

Course Information: COM / BSBS / MCB / _____ / _____
 College Department Prefix Number Credit Hours*

**If you are registering for zero (0) credit hours and are not registered for any other classes in the same semester, UCF will charge tuition for one (1) credit hour. If not paid, this non-payment will result in a drop from MCB 4912, a \$100 late fee for reinstatement, and a drop from all classes that you are registered for in the subsequent semester.*

Faculty/Instructor Name: _____

Description of Assignments and Expectations:

*******PAYMENT RESPONSIBILITY*******

I accept responsibility for payment of my semester tuition and fees by the published deadline. I also understand that if I fail to pay my tuition and fees by the deadline, I will be charged a late fee of \$100.00, my records will be put on hold, my account will be referred to a collection agency, and I may incur other financial consequences.

I understand my responsibilities as stated above: _____ **Date:** _____

REQUIRED SIGNATURES

Student: _____ **Date:** _____

Faculty/Instructor: _____ **Date:** _____

Department Chair: _____ **Date:** _____