

MS GRADUATE REGISTRATION FORM

Enrollment in any of the following restricted graduate courses requires the completion of this agreement

RESTRICTED GRADUATE COURSES		
<u>GENERAL TITLE</u>	<u>SPECIAL GRAD</u>	<u>GRAD & PROF</u>
Directed Independent Studies	5907	6908
Directed Research	5917	6918
Special Topics/ Seminar	5937	6938
PSM Internship, Practicums, Clinic Practice (MCB 6946)	5957	MCB 6946
MS Biomed Capstone (MCB 6026)		MCB 6026
Research Project		6909
MS Thesis Research (MCB 6971)		MCB 6971
Thesis – Specialist		6973
Doctoral Research		7919
Doctoral Dissertation - <i>open ONLY to Doctoral students with candidacy status</i>		7980

Student Name: _____ **PID:** _____

1. Registration Term/Year: _____

2. Thesis Research – MCB 6971: _____ **Credits**

3. Name of Instructor: _____

5. TITLE OF COURSE: The following may be filled in for titles to appear on the transcripts for Directed Research or Independent Study courses. The graduate program coordinator will complete the list each term and submit it to the university Registrar’s Office for input.

RESEARCH: _____ **INDEPENDENT STUDY:** _____

6. DESCRIPTION OF ASSIGNMENTS AND EXPECTATIONS: _____

List of specific terms for which the student is responsible such as papers, notebooks and examinations, reports or programs: _____

7. ACCEPTANCE OF RESPONSIBILITIES:

- ✓ I HEREBY AGREE to observe all safety rules applicable to this restricted graduate course.
- ✓ I HEREBY AGREE to the terms outlined above and/or attached to this form for completion of this restricted.

8. PAYMENT RESPONSIBILITY: I accept responsibility for payment for 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 **\$100.00 late payment fee**, my records will be put on hold, and my account will be referred to a collection agency, and I may incur other financial consequences.

Signature of Student

Date

Signature of Faculty Advisor

Date