

## MS Biotechnology Directed Research Registration – MCB 6918

*Enrollment in restricted graduate courses requires the completion of this agreement*

**Student Name:** \_\_\_\_\_ **PID:** \_\_\_\_\_

1. **Registration Term/Year:** \_\_\_\_\_

2. **Course:** MCB 6918 / \_\_\_\_\_ **Research Credits**

3. **Instructor Name:** \_\_\_\_\_

4. **Description of Assignments and Expectations**

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

5. **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.

**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**