

PhD Research Registration Credits - IDS 7919

Enrollment in restricted graduate courses requires the completion of this agreement

Student Name: _____ **PID:** _____

1. **Registration Term/Year:** _____

2. **Course:** IDS 7919 / _____ **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