Restricted Undergraduate Course Registration Form

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

Registration term/year: ☐ Fall ☐ Spring ☐ Summer (A / B / C) Year: _____

Name: _____ **UCFID:** _____

Knights Email: _____ **Major:** _____

Course Information: <u>COM</u> / <u>BSBS</u> / <u>MCB</u> / _____ / _____
  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. 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: _____

Grading Policy:

The grade will be based on the student's performance in meeting the expectations set forth by the faculty member. The faculty member and the student should have discussed in detail the expections both in time commitment and expected engagement (bench research, internship, etc.) for the entire semester. A syllabus is encouraged but is not required. The student and faculty member must discuss these expectations in detail prior to submitting this form. Course grading must be determined prior to approval by the Associate Director.

We (student and instructor of record) agree in this course that grades will be:
☐ **A/B/C/D/F (letter grade)**
☐ **S/U (satisfactory/unsatisfactory)**

Course Time Expectations:

Students will be expected to spend a signficant amount of time in the activities outlined by the instructor of record for this course. The faculty and student agree to the following expectations on a weekly basis throughout the semester:

We agree on an expectation of _____ hours per week that we will be engaged in the activities of this course during the semester. Failure to meet these expectations will impact the course grade.

Description of Course Activity, Goals or Assignments (If you are doing an internship, include a description of your internship and the contact information for your supervisor - name, address, email, phone number)**:**

Expected Outcomes of Course Experience:

Internship students will complete   40,   80, or   120 hours of internship and submit the hours log, signed by your supervisor, to webcourses by the last day of classes.

Biotechnology students will submit either a 3-page report or an ePortfolio to webcourses by the last day of classes.

Required Signatures:

Student: _____   Date: _____

Faculty/Instructor: _____   Date: _____

**********************************STUDENT FINANCIAL RESPONSIBILITY*********************************
I have read the Student Financial Responsibility Statement and Promise to Pay documents as provided by my advising office. I further understand that said documents include course enrollment facilitated by a university representative. By signing here, I accept the terms of this agreement.
https://studentaccounts.ucf.edu/wp-content/uploads/sites/6/Student-Financial-Responsibility-Statement-and-Promise-to-Pay.pdf
Signature: _____   Date: _____

Once signatures are obtained, turn in form to HSII 335 or BSBSAdvising@ucf.edu for processing

Department Use Only	
Department Chair: _____	**Date: _____**
Processed By: _____	**Date: _____**