



# Undergraduate Registration Agreement

Name \_\_\_\_\_ PID 

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(Print- Last) (First)

Major \_\_\_\_\_ Email: \_\_\_\_\_ Daytime phone \_\_\_\_\_

(Print)

## Instructions - Faculty:

- Enter the term & year, select the course type, then specify all information requested (prefix, #, credit and grading scheme).
- Locate the class number (key code) for that particular section on <https://my.ucf.edu>  
**Warning: The class number (key code) defines the course and instructor, and takes precedence over any differing information listed on this form!**
- If the section does not exist, submit the form to COS Advising Services (COSAS) no later than day 3 of Add/Drop. The College must create the section to obtain the class number before registration can proceed.
- Specify the credit, and detail all work to be completed, as well as policies regarding grading, consultation and absences.
- Work **must** be completed by the last day of classes unless a due date is specified.

## Instructions - Student:

- Be sure you understand exactly what work is being required of you for your grade.
- Enter your name, PID, major, email, and phone, obtain necessary signatures, and provide a copy to each person signing.
- Bring this form to COS Advising Services (COSAS) CSB 250 prior to the date specified.

Term: \_\_\_\_\_ Year: \_\_\_\_\_ File form by: End of Add/Drop (or by this earlier date) \_\_\_\_\_

Title	Class #	Prefix	course # (Circle one)	credit	To be Graded as
Directed Independent Studies	_____	_____	3905 4906 5907*	_____	S/U <input type="checkbox"/> Letter <input type="checkbox"/>
Directed Independent Research	_____	_____	4912 5917*	_____	S/U <input type="checkbox"/> Letter <input type="checkbox"/>
Internship, Practicum, Clinical	_____	_____	3940 4941	_____	S/U <input type="checkbox"/> Letter <input type="checkbox"/>
Honors Undergrad Thesis **	_____	_____	3970H** 4970H**	_____	S/U <input type="checkbox"/> Letter <input type="checkbox"/>
Honors Directed Reading **	_____	_____	4903H** 4904H**	_____	S/U <input type="checkbox"/> Letter <input type="checkbox"/>
Other	_____	_____	_____	_____	S/U <input type="checkbox"/> Letter <input type="checkbox"/>
Biology Lab Techniques	_____	BSC	4422L	_____	Graded S/U only
Advanced Applied Psychology	_____	INP	3141C	_____	Graded S/U only
Undergraduate Field Work	_____	PSY	3951	_____	Graded S/U only

\*Graduate Courses open to advanced seniors only with the Dean's consent \*\* Requires approval from the Honors Program Director

## Assignments and Expectations:

Assignment 1: \_\_\_\_\_ Date Due: \_\_\_\_\_ % of grade \_\_\_\_\_  
(First evaluation should be conducted before withdrawal deadline)

Assignment 2: \_\_\_\_\_ Date Due: \_\_\_\_\_ % of grade \_\_\_\_\_

Assignment 3: \_\_\_\_\_ Date Due: \_\_\_\_\_ % of grade \_\_\_\_\_  
(last day of classes in the term, or the above date)

Consultation Policy: \_\_\_\_\_

Description of work required \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Required Student Signature:

I have read the Student Financial Responsibility Statement at <https://studentaccounts.ucf.edu/financial-responsibility> and Promise to Pay documents found on the Student Accounts website or which were provided by my advising office. I further understand that said document includes course enrollment facilitated by a university representative. By authorizing this registration, I accept the terms of this agreement. Students not enrolled in 0 credits for 4912 will be charged for 1 credit hours of tuition plus fees.

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

## Approval Signatures:

Instructor: \_\_\_\_\_  
(Print name) (Signature)

Dpt Chair (or designee): \_\_\_\_\_

College Dean\* \_\_\_\_\_ Honors Director\*\* \_\_\_\_\_  
(for 5000 level courses) (for Honors courses)

For College use only: \_\_\_\_\_

(06/11/18)