

STUDENT INFORMATION:

Directed Independent Studies (only 6 hours) 5907 or 6908
 Directed Research 6918
 Internships, Practica, Clinical Practice 5944 or 6946
 Study Abroad 5957 or 6958
 Research Report 6909
 Thesis 6971
 Doctoral Research 7919
 Doctoral Dissertation (must have candidacy status) 7980
 Graduation Requirement IDS 6999

NAME: John Knight
PID: 1234567
EMAIL: john.knight@knights.ucf.edu
PROGRAM: Emerging Media MFA
TERM*: Fall **YEAR:** 2014
 *For Summer, include session A, B, C, or D

OVERRIDE

COURSE: 10253 ART 6930 Graduate Seminar 3
 Class #(Key Code) Prefix Course # Title Credits

RESTRICTED REGISTRATION

GRADE SCALE (CHECK ONE): S/U A/F

1. **COURSE:** ART 6908 3
 Prefix Course # Credits

(All students in the same section must be graded on the same scale; 6909, 6971, & 7980 must be graded S/U)

2. **TITLES:** For Independent Study and Directed Research courses only. Limit to 13 characters.

5907/6908 (IS); 6918 (RES): Sculpture

3. **DESCRIPTION OF ASSIGNMENTS AND EXPECTATIONS**

Due by: 12/18/14

Assignments and list of specific items for which the student is responsible, such as papers, notebooks, examinations, reports or programs. Provide due dates if possible:

Student must complete at least four large independent pieces, complete book report on sculpture in past century, and complete three sculpture critiques on major culturally relevant pieces.

"I Hereby Agree to the terms outlined above and/or attached to this form for completion of this Restricted Course. I Hereby Agree to observe all safety rules (if applicable) of this Restricted Course. I Hereby Understand that it is my responsibility to ensure that my overall enrollment for the semester is correct.

I accept responsibility for payment of 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 Late Payment Fee; my records will be put on hold, my account will be referred to a collection agency; and I may incur other financial consequences.

John Knight
 Signature of Student

2/24/14
 Date

Jane Thomas
 Signature of Instructor

2/24/14
 Date

Jane Thomas
 Printed Instructor's Name

OFFICE USE ONLY: Build or Assign: _____ Class Number: _____
 Candidacy Passed: _____ T/D Committee Approved: _____ Hold: _____
 Authorized College Representative _____ Date _____
 Form revised 8/13/10