RESTRICTED REGISTRATION AGREEMENT FORM

STUDENT INFORMATION:

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

Director of 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

OVERVIEW

COURSE: ART 6930 Graduate Seminar 3

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

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

1. COURSE: ART 6908 3

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.

Signature of Student

Signature of Instructor

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: ________________