

# Guidelines for Approval of Registration for Restricted Undergraduate Courses

## REGISTRATION PROCESS:

1. Please meet with your advisor to determine the appropriate class and prefix they will be working with you on during the upcoming semester.
2. Once the form is completed, please have them sign it. Your Department Chair/Program Director and your signature are also required.
3. Bring the completed form and course syllabus to Engineering I-107 *at least* one week prior to the first day of classes. Turning in this form after this time may result in late registration fees.
4. Once the Academic Affairs Office approves this form, they will override you into your class.
5. Check your schedule prior to the end of the add/drop period to ensure that you are registered for the correct class, number of credit hours, and faculty member. If any of these items are not correct, you must contact Academic Affairs **before the end of the first week of classes** for further assistance.

## ADDITIONAL GUIDELINES:

- Restricted undergraduate courses should preferably be only 1 to 2 credit hours, but no more than 3 hours in one semester
- A syllabus (including assignments, course content, grading guidelines, etc.) **MUST** be attached. If not, this form will not be approved.
- 4XXX level courses require senior standing in the major and a minimum of a 2.8 UCF GPA. 3XXX level courses require junior standing in the major and a minimum of a 2.8 UCF GPA.
- Only 4XXX level courses may count as technical elective courses for credit towards degree requirements with prior approval from their department.

**Proper signatures and required paperwork should be obtained **BEFORE** submitting the form to ENG-I 107 for processing.**

**When possible this form is due no later than the Monday preceding the first day of classes to avoid any late registration fee charges.**

**Please verify that your registration is correct by visiting the myUCF portal at [my.ucf.edu](http://my.ucf.edu) and selecting the “Student Self Service” option. Your current class schedule will be displayed.**

# Undergraduate Special Registration Access Form

Enrollment in any of the following Restricted Undergraduate Courses requires the completion of this agreement.

### Restricted Undergraduate Courses

(mark the course you wish to enroll in and circle the appropriate course number)

| <u>General Title</u>                                | <u>Course Number</u> |
|---|----------------------|
| <input type="checkbox"/> Directed Independent Study | 3905 4906            |
| <input type="checkbox"/> Directed Research          | 4912                 |
| <input type="checkbox"/> Internship                 | 3940 4941            |

Student's LAST Name: \_\_\_\_\_ Student's FIRST Name: \_\_\_\_\_

UCF ID: \_\_\_\_\_ E-mail Address: \_\_\_\_\_@knights.ucf.edu Phone: \_\_\_\_\_

Major: \_\_\_\_\_ Semester (select one):  Fall  Spring  Summer Year: \_\_\_\_\_

Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

- Yes  No Are you registered for the same course prefix and number more than once in the same semester (i.e. taking two sections of independent study)? A separate form needs to be completed for each course
- Yes  No Do you have any holds placed on your records? All holds must be cleared before you can register.

I accept responsibility for all enrollment issues associated with this course. This includes, but is not limited to, insuring that the CECS Academic Affairs Office enrolled me in the correct class as specified above, paying the course's associated fees, and other issues outlined at: <http://registrar.ucf.edu/resources>

I authorize CECS staff to register me for the listed course if approved by CECS. I have read the Student Financial Responsibility Statement and Promise to Pay documents found on the Student Accounts website (<https://studentaccounts.ucf.edu/wp-content/uploads/sites/6/Student-Financial-Responsibility-Statement-and-Promise-to-Pay.pdf>) or which were provided by my advising office. I further understand that said document includes course enrollment facilitated by a university representative. By signing here, I accept the terms of this agreement.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Instructor's Signature Date

\_\_\_\_\_  
Department Chair/Program Director Date

\_\_\_\_\_  
**PRINT** Instructor's Name

\_\_\_\_\_  
College Dean Date

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

**Student's Class  
Number:**

Form Last  
Updated  
3/16/2018