

Department of Management Registration Form
Restricted Graduate Courses

(Please Print or Type)

Student Name: _____ Student PID #: _____

Student Email: _____ Student Phone: _____

Anticipated Graduation Date: _____

Year and Term You Will be Registering for This Restricted Graduate Course

Year: _____ Term: Fall Spring Summer A Summer B Summer C Summer D

Course Titles	Course Numbers	
Directed Independent Study	5907	6908
Directed Research	5917	6918
Special Topic/Seminar	5937	6938
Internship, Practicum, Clinical Practice	5944	6946
Study Abroad	5957	6958

Course: **MAN** _____ **Instructor:** _____
(number) (section) (credit hours)

Internship Students

Complete and attach the required Internship documentation found on the Management Department website.

Independent Study Students

Attach a copy of the assignment description, expectations, and due dates for the Independent Study.

Directed Independent Study and **Directed Research** students have the option of providing a title of up to 13 characters to appear on their transcripts to describe the content of these courses. The Graduate Program coordinator will submit this information to the University Registrar's Office for input.

Title (Optional): _____

With my signature below I accept responsibility for payment of my semester tuition and fees by the University published deadline. I understand that if I fail to pay tuition and fees by that deadline, I will be charged a 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.

SIGNATURES

Student: _____ Date: _____

Professor/Instructor: _____ Date: _____

Department Chair: _____ Date: _____

To Be Completed by the Management Department

Course: **MAN** _____
Number Section Cr. Hrs. Class Number Date Entered Expiration Date

Date Student Emailed _____