Department of Management Registration Form Restricted Undergraduate Courses

(Please Pri	nt or Type)							
Student Name:				Student PID #:				
Student Email:			Student Phone:					
Anticipated	d Graduation Date) :						
Year and T	erm You Will be F	Registering fo	r This Restricted	Undergraduate Co	<u>ourse</u>			
Year:	Term: Fall	Spring	Summer A	A Summer B Summer C Summer D				
		Course T	itles		Cou	ırse Numb	ers	
Directed Inc	3905 4906 5907 *							
Directed Re				4912	5917 *			
Internship -	3940	4941	5944 *					
Honors Dire		4903H						
Honors Dire		4904H						
Honors Undergraduate Thesis ** * = May be taken by advanced seniors only with their dean's permission						4970H		
Internship Comple Independe Attach a With my signa fail to pay tuitie	ete and attach the r nt Study Students a copy of the assig ture below I accept resp	(section) (dequired Internated In	Inscredit hours) ship documentation tion, expectations, ment of my semester tui	n found on the Man and due dates for the tion and fees by the Un ee, my records will be p	the Independent	tment webs Study.	erstand that if I	
SIGNATUR	RES							
Student:					Date:	Date:		
Professor/Instructor:					Date:			
Department Chair:				Date:				
	mpleted by the Mo			Class Number I	Date Entered	Expiration	Date	
	t Emailed					r		