



# PhD Special Registration Request

- Please complete all required sections in order to set up the course so student may register - please submit to the appropriate program assistant
- Please note that this course should be in the student's plan of study

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Last*

UCFID: \_\_\_\_\_ Phone: \_\_\_\_\_ Knightsmail: \_\_\_\_\_

**Course:** *Please select one:*

<input type="checkbox"/> IDS 6999 Graduation Requirement	<input type="checkbox"/> NGR 7919 - Doctoral Research
<input type="checkbox"/> NGR 6908 - Independent Study (PhD)	<input checked="" type="checkbox"/> NGR 7980 - Dissertation

**Credits:**  1  2  3  6

**Semester:**  Fall  Spring  Summer (**Session:**  A  B  C  D) **Year:** \_\_\_\_\_

**Objectives:**

**Requirements:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
 Department Chair Signature Date

Permission Granted: \_\_\_\_\_ Date \_\_\_\_\_