

## College of Community Innovation and Education

## **DISSERTATION AGREEMENT FORM**

**Purpose:** Dissertation courses generally do not have syllabi. Therefore, clarity in the expectations and grading may be provided using this form in lieu of syllabi.

**Directions:** Doctoral candidates who register for any dissertation credit should initiate the form by completing sections 1, 2, and 3. The candidate should provide the draft form to the dissertation chair, who will sign if in agreement with the items the student has entered. The dissertation chair may modify section 2 to create a clearer understanding of expectations and grading, sign, and then provide to the candidate the revision. Alternately, dissertation chairs may initiate the agreement form. Dissertation chairs and candidates should retain a copy of the agreement for their records. **The completed and signed form is to be given to Graduate Staff in ED 115,** Graduate Affairs, to serve as permission for dissertation hours registration for the semester that immediately follows.

| Sti   | udent Name:  | ne:PID:     |                 |                                |  |
|---|--|-------------|-----------------|--------------------------------|--|
| Pr  | ogram:   | Email:      |                 | @knights.ucf.edu               |  |
| Re  | gistration Term:   | □Summer     | YEAR:           | # of Credits:                  |  |
| Pr  | efix: (e.g. EDA) Course Number/N   | lame: □7980 | Dissertation OR | □7987 Dissertation in Practice |  |
| Ar  | nticipated Semester of Graduation:   |             |                 |                                |  |
|   | DESCRIPTION OF ASSIGNMENTS AND EXPECTATIONS<br>(attach additional page or syllabus as necessary) |             |                 |                                |  |
| Со  | Course Description:  |             |                 |                                |  |
| Grading Scale: $\Box$ S/U OR $\Box$ A/F (if unsure, check with program or graduate coord Course Requirements: |  |             |                 |                                |  |
|   |  |             |                 |                                |  |
|   |  |             |                 |                                |  |
| M   | Method of Evaluation (e.g. IRB approval, specific chapters due, draft or final, grading scheme): |             |                 |                                |  |
|   |  | ,-          |                 |                                |  |
| <br>To  | vts/Paadings if required   |             |                 |                                |  |
| ie  | xts/Readings, if required:   |             |                 |                                |  |
| Ot  | her Requirements/Due by:   |             |                 |                                |  |

I understand and agree to the terms of work and grading outlined above and/or attached to this form for the dissertation course of this restricted enrollment. I understand that it is my responsibility to ensure that my overall enrollment for the semester is correct and to pay the associated tuition and fees.

| Student's Signature         | Print Student Name         | Date |   |
|-----------------------------|----------------------------|------|---|
| Committee Chair's Signature | Print Committee Chair Name | Date | _ |