

Semester/Year _____

Date _____

ENGINEERING WORKSHOP PARTICIPATION CONTRACT SPRING 2014

Name: (Print) _____

PeopleSoft: _____

Major: _____

Phone: _____

UH Email: _____

Alternate Email: _____

I understand that I have been selected to participate in the _____ Workshop and that my full cooperation is required to maintain my enrollment status.

I also authorize the release of my course grades to the workshop facilitator and assistant throughout the semester. I understand that my grades will be kept confidential and that they are used to track my progress.

I know I am expected to read the class material before class, take good notes, attempt homework problems before workshop, work in groups during workshop, and participate in workshop activities. I know that the expectation is for me to follow as close as I can the Guaranteed 4.0 study methods to help me do my best in the class and workshop. The next showing of the program will be Jan. 11, 2014.

I understand that I am expected to attend all workshops and lectures. Excuses for missing workshops must be obtained from workshop facilitator or assistant. Having work to do for another class is not an excusable reason to miss a workshop.

I understand that I have to have this workshop credit on my PeopleSoft account to have this count for credit. I also understand that the grade for this class will be SATISFACTORY (S) or UNSATISFACTORY (U). I also understand my attendance to the workshop will be a major factor in my grade. I additionally understand that, if I have four unexcused absences from the workshop, I will be dropped and receive an unsatisfactory (U) grade for the workshop. In addition, I understand that dropping the class does not drop me from the workshop.

Is this your 1st, 2nd, or 3rd attempt in taking this class? 1st 2nd 3rd attempt (circle one)

Signature: _____

List the number of hours you plan to take this semester: _____

List the number of hours you plan to work per week: _____



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I have read and understand the conditions of this Authorization for Use of Image, Voice, Performance, Artwork, or Likeness.

Signature

Date / Age (if minor)

Printed or typed name

Phone

Address

City/State/Zip

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR.

I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

Signature

Date

Printed or Typed Name

Phone

Address

City/State/Zip

Note: Modification of this Form requires approval of OGC

UNIVERSITY of HOUSTON

CULLEN COLLEGE of ENGINEERING
Program for Masters in Engineering Studies

ADD/DROP FORM

Date _____ (PLEASE CLEARLY PRINT ALL INFORMATION EXCEPT SIGNATURE)

PeopleSoft ID _____

Major _____

Semester: Fall 20 _____
Spring 20 _____
Summer 20 _____

Classification (freshman, sophomore, etc...) _____

Last Name _____ First Name _____ Middle Initial _____

Email Address _____ Phone Number _____ Alternative Phone Number _____

ADD/DROP	Course Name	Course Number	Class #	Day & Time	Course Description
Ex: Add	Ex: MATH	Ex: 1431	Ex: 25698	Ex: TTH 3-4:30	Ex: Calculus I
1					
2					
3					
4					
5					
6					
7					

Signature: _____

Date: _____

IMPORTANT: This form is for use in the PROMIS office only.