

## PROJECT IN LIEU OF THESIS

**MMC 6973**  
ALL OTHER TRACKS



**CIRCLE ONE**



**RTV6973**  
DOCUMENTARY STUDENTS

**THIS COURSE IS DEPARTMENTALLY CONTROLLED. YOU MUST  
SUBMIT THIS FORM TO BE REGISTERED FOR THE COURSE.  
THE INSTRUCTOR'S SIGNATURE IS REQUIRED.**

This form authorizes

*Print your name.*

*UF ID Number*

to take

MMC 6973 or RTV 6973

Number of credits:

Semester and year of study:

**NATURE OF THE WORK TO BE DONE:** **Please attach a brief description of the work to be completed.**

**STUDENT:** I, the undersigned student, will obtain the required signatures. I will then submit this form and description to the Graduate Division.

*Signature of Student*

*Date Signed*

**INSTRUCTOR:** I, the undersigned instructor, agree to be fully responsible for this graduate student's study under the general guidelines concerning MMC/RTV 6973, as set forth in the 8<sup>th</sup> edition of the Graduate Division's Master's Handbook, Master's Program Policy. Please refer to the section labeled PROJECT IN LIEU OF THESIS. I understand that my responsibilities include:

- I have worked out with the student an explicit description of duties for the course, frequency of meetings and how the work will be graded. The one-to-two page description has been stapled to this authorization form.
- I will meet with the student regularly to guide the work throughout the semester.
- I will evaluate the work and assign a grade at the end of the semester. MMC/RTV 6973 receives an S/U grade.

**Approval Signature of Instructor**

*Date Signed*

*Please PRINT or TYPE Instructor's Name*

*Instructor's EMAIL Address*

*Instructor's Telephone Number*

**ACADEMIC ADVISER:** I, the undersigned academic adviser, have read this form and the attached course description. I find the course as described to be consonant with the student's academic program.

*Approval Signature of Academic Adviser*

*Date Signed*

**The proposed course meets requirements set out by the Graduate Committee.**

*Approval Signature of the Associate Dean, Division of Graduate Studies and Research*

*Date Signed*