

THE AGENCY: MMC 6905

NOTE: Please Attach the Agency Independent Study Request form to this page before submission

THIS FORM IS REQUIRED FOR REGISTRATION AND MUST BE SUBMITTED TO THE GRADUATE DIVISION BEFORE THE REGISTRATION DEADLINE OR YOU WILL BE RESPONSIBLE FOR LATE FEES.

This form authorizes

Print your name and email address

UF ID number

To work in the AGENCY

Number of credits:

Semester and year of study:

Identify the Practicum

STUDENT: I, the undersigned student, will write a description of the work to be completed for this course and obtain the required signatures. I will then submit this form and description to the Graduate Division for registration

Signature of Student

Date Signed

DESCRIPTION OF THE WORK TO BE DONE: Please write a description of the work to be completed this semester in the space below. If additional space is needed, please staple the attachment to this form.

The description is required and must be completed before the instructor and advisor sign this form. The instructor's signature indicates approval of the description.

