

MASTER'S THESIS RESEARCH: MMC 6971

**TO REGISTER FOR THESIS CREDITS,
YOU MUST HAVE SELECTED THE CHAIR OF YOUR SUPERVISORY
COMMITTEE**

**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 take

MMC 6971

Number of credits:

Semester and year of study:

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

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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.

COMMITTEE CHAIR: I, the undersigned, agree to serve as the supervisory committee chair for the student listed above and to be fully responsible for this graduate student's study under the general guidelines concerning MMC 6971, as set forth in the Graduate Division's Master's Handbook, Master's Program Policy. Please refer to the section labeled *THE THESIS*. I understand that my responsibilities include:

- I will serve as the supervisory committee chair for this student. The committee will not become "official" until all members have signed the Supervisory Committee Form and it has been entered in GIMS by Graduate Division staff.
- I have worked out with the student an explicit description of duties for these credits, frequency of meetings and how the work will be graded. A description of the work to be completed has been detailed above or attached 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 6971 receives an **S/U grade**.

Please don't sign until description is included.

Approval Signature of Chair

Date Signed

Please PRINT or TYPE Chair's Name

Chair's EMAIL Address

Chair's Telephone Number

GRADUATE COORDINATOR: I, the undersigned graduate coordinator, 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 Graduate Coordinator

Date Signed

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

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

Date Signed

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5/11/2010
9-20-12
3/11/15