

# **ADVANCED RESEARCH: MMC 7979**

## **DOCTORAL STUDENTS ONLY**

### **QUALIFYING EXAM PREPARATION**

**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 7979**

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*

**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.

**INSTRUCTOR:** I, the undersigned instructor, agree to be fully responsible for this graduate student's study under the general guidelines concerning MMC 7979, as set forth in the Graduate Division's Doctoral Handbook, Distribution Requirements. 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 7979 receives an **S/U grade**.

**Please don't sign until description is included.**

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*Approval Signature of Instructor*

*Date Signed*

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*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.

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*Approval Signature of Academic Adviser*

*Date Signed*

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

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

*Date Signed*

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5/9/2008  
5/12/10  
9-20-12  
3/11/15