

INDIVIDUAL WORK (Supervised Research): MMC 6910

This is an S/U course

The maximum # of 6910 credits per semester is THREE (3). The maximum # in your academic career is FIVE (5).

Proposals for Supervised Research must include:

- ◆ the goal of the activity,
- ◆ the specific duties to be fulfilled,
- ◆ how often and for how long the student will confer with the instructor, and
- ◆ the method of evaluation.

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 6910

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.

DESCRIPTION cont'd.

SUPERVISOR: PLEASE DON'T SIGN THIS FORM UNLESS A DESCRIPTION OF THE WORK TO BE COMPLETED IN THIS TERM IS

INCLUDED. I, the undersigned supervisor, agree to be fully responsible for this graduate student's study under the general guidelines concerning MMC 6910 as set forth in the Graduate Division's Master's Handbook, Master's Program Policy. Please refer to the section labeled *NON-CLASSROOM COURSES*, also excerpted above. 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. 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 6910 receives an **S/U grade**.

Please don't sign until description is attached.

Approval Signature of Supervisor

Date Signed

Please PRINT or TYPE Supervisor'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 Sr. Associate Dean, Division of Graduate Studies and Research

Date Signed