

MMC 6910: SUPERVISED RESEARCH

Forms must be submitted to gradstudies@jou.ufl.edu before the registration deadline to avoid late fees.

Student Name: _____ UFID: _____

Semester and Year: _____ Number of Credits: _____

Description of the work to be completed (attach a separate page if needed):

Student Signature

Date Signed

Instructor: I agree to be fully responsible for this student’s study under the general guidelines concerning MMC 6910 as set forth in the Graduate Division’s Handbook. I understand that my responsibilities include:

- Coordinating with the student an explicit description of the work to be completed for this course, including frequency of meetings and how the work will be graded.
- Meeting with the student regularly to guide the work throughout the term.
- Evaluating the work and assigning a grade (S/U) at the end of the term.

Instructor Name

Signature

Date Signed

Academic Advisor/Chair: I have read this form and the course description. I find the course as described to be consonant with the student’s academic program.

Advisor/Chair Name

Signature

Date Signed

Associate Dean: The proposed course meets the requirements set forth by the Grad Committee

Associate Dean Name

Signature

Date Signed