

MMC 6971: THESIS 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):

_____ I have reviewed my supervisory committee information in GIMS, and it is accurate.

_____ I have confirmed with my chair (and committee, if graduating) that they are available for my MMC 6971 registration this term.

Student Signature

Date Signed

Committee Chair: I agree to be fully responsible for this student’s study under the general guidelines concerning MMC 6971, 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.

Committee Chair Name

Signature

Date Signed

Graduate Coordinator: I have read this form and the course description. I find the course as described to be consonant with the student’s academic program.

Graduate Coordinator Name

Signature

Date Signed

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

Associate Dean Name

Signature

Date Signed