

MMC 7980: DOCTORAL 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):

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_____ 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 7980 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 7980, 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

Associate Dean:

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

Associate Dean Name _____ Signature _____ Date Signed _____