HOS6905 GRADUATE INDEPENDENT STUDY CONTRACT
CALS ENVIRONMENTAL HORTICULTURE DEPARTMENT

The student must complete this form in its entirety and obtain the appropriate signatures. *Student’s Advisor* needs to submit the form to Mallory Buchyn, mbuchyn@ufl.edu, 1515 Fifield Hall for registration.

STUDENT’S NAME: ___________________________ UFID: __________________

Course Number:_________________________ Section Number:____________________
Number of credit hours: _________________
Desired semester for registration:
Fall _____ Spring _____ Summer A _____ Summer B _____ Summer C_______
Year _______________

Name of Research Instructor _______________________________________________
Department ______________________________________________________________
Instructor’s Telephone Number ______________________________________________
Instructor’s E-mail _______________________________________________________

Brief Description of Research (Include Expected Hours per Week; continue on back if necessary):

Student’s Signature ___________________________ Date _______________

Instructor’s Signature ___________________________ Date _______________

Note: The final grade is to be submitted by the instructor to Cynthia Hight on or before the deadline for grade submission at the end of the semester.

Date registered: ___________________________