

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: _____