

SUPERVISED RESEARCH
ANS 6910

Semester/Year _____ **Section Number** _____ **Credits** _____

Student Name _____
(Please print)

UFID # _____ **E-mail** _____

Student Signature _____ **Date** _____

Briefly describe the requirements of the project to be completed by the student and supervised by the faculty member.

Supervisor Signature _____ **Date** _____

Print Name/Phone Number _____

Return this form to Renee Parks-James, Room 100, Bldg. 459 prior to registration.