

ANS 4911

UF Animal Sciences – Undergraduate Supervised Research

Student Information	UF ID #: _____
Full Name: _____	
E-mail: _____	Phone Number: _____
Student Signature: _____	Date: _____

**Please Note: This is an S-U option only course – it is NOT a graded experience*

No. of credits: _____ for Semester / Year:

Check if intend on using for lab credit

Discuss/describe the requirements of the project to be completed by the student and supervised by the faculty member:

Supervisor Signature:

Email:

Print Name:

Phone Number

***NOTE:** Form must be completed **PRIOR** to registration. A copy should be kept by the supervising faculty member as well as by the student. Please email the completed form to Alexis Strickland-Tilton at stricklanda@ufl.edu or Savannah Linzmaier at slinzmaier@ufl.edu for registration.

Date enrolled: _____ **By:** _____ **Sec#:** _____