

**AGR4905 UNDERGRADUATE INDEPENDANT STUDY CONTRACT  
CALS AGRONOMY DEPARTMENT**

The student must complete this form in its entirety and obtain the appropriate signatures.  
*Student's Advisor* needs to submit the form to Cynthia Hight [chight@ufl.edu](mailto:chight@ufl.edu) in 3105 McCarty Hall B 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: \_\_\_\_\_