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 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: ____________________________