

**PROBLEMS IN ANIMAL SCIENCES  
ANS 6905**

**Semester/Year** \_\_\_\_\_ **Section Number** \_\_\_\_\_ **Credits** \_\_\_\_\_

**Student Name** \_\_\_\_\_  
(Please print)

**UFID #** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Briefly describe the requirements 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.