ANS 4911

UF Animal Sciences – Undergraduate Supervised Research

Student Information:  
UF ID #: ______________________________
Name (please print): ________________________________________________________________
E-mail: ___________________________________ Phone Number: __________________________
Student Signature: ____________________________________________ Date: _______________

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

Discuss/describe the requirements of the project to be completed by the student and supervised by the faculty member:
No. of credits: ________ for Semester / Year: ________________________________

☐ Check if intend on using for lab credit

Supervisor Signature: ________________________________ Email: _________________________
Print Name and 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, and the original returned to Allyson Trimble (room 100) for registration.

Date enrolled: _________________ By: ________________________________ Sec#: ___________