

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#:** _____