**INDEPENDENT STUDY REGISTRATION FORM**

**GRADUATE STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UF ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF REQUEST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TERM: FALL\_\_\_\_\_\_\_SPRING\_\_\_\_\_\_\_SUMMER\_\_\_\_\_\_\_**

**COURSE #\_\_\_\_\_\_\_ COURSE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER OF CREDIT HOURS\_\_\_\_\_**

**GRADES WILL BE BASED ON BOTH THE QUALITY OF THE WORK AS WELL AS THE EXTENT TO WHICH THE STUDENT TAKES THE INITIATIVE IN ACCOMPLISHING GOALS, SOLVING PROBLEMS THAT ARISE, AND SEEKING FEEDBACK FROM FACULTY. (NOTE: MOST FACULTY EXPECT APPROXIMATELY 3-4 HOURS OF WORK PER WEEK PER CREDIT HOUR OF CLASS)**

**IDENTIFY THE GOAL AND DELIVERABLES THAT WILL BE TURNED IN (ALONG WITH DATES DUE) IN ORDER TO RECEIVE A GRADE FOR THE COURSE.**

**FACULTY SUPERVISOR SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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