Independent Work Study Form

Student Name: ____________________________ UFID: ____________________________

Term of Study: __________________ Year of Study: __________________ Current Date: ________________

Please mark which of the following courses you wish to sign up for and for how many credits.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Description</th>
<th>Number of Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAT4905</td>
<td>Undergraduate level Individual Work, letter grade.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-3 credits per course; maximum of 10 credits counted toward a degree.</td>
<td></td>
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<tr>
<td>MAT4911</td>
<td>Undergraduate Supervised Research, S/U grade.</td>
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<td></td>
<td>1-3 credits per course; maximum of 3 credits counted toward a degree.</td>
<td></td>
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<tr>
<td>MAT6905</td>
<td>Graduate Individual Work for students without a thesis adviser</td>
<td></td>
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<tr>
<td></td>
<td>1-3 credits per course; maximum of 9 credits counted toward a degree.</td>
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<tr>
<td>MAT6910</td>
<td>Graduate Supervised Research for students without a masters degree, S/U grade.</td>
<td></td>
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<tr>
<td></td>
<td>1-5 credits per course; maximum of 5 credits counted toward a degree.</td>
<td></td>
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<tr>
<td>MAT6971</td>
<td>Research for Master’s Thesis, Letter grade.</td>
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<td></td>
<td>3 Credits per course; maximum of 15 credits counted toward a degree.</td>
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<tr>
<td>MAT7979</td>
<td>Advanced Research for graduate students 1-12 credits, S/U grade.</td>
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<tr>
<td></td>
<td>For students with a masters degree or in any doctoral program, but not yet a candidate.</td>
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<td></td>
<td>Students that have passed their oral exam and entered candidacy should use this.</td>
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<tr>
<td>MAE6940</td>
<td>Supervised teaching, 1-5 credits at a time, 5 credit maximum. S/U grade.</td>
<td></td>
</tr>
<tr>
<td>MAE6943</td>
<td>Internship in Teaching; 3 credits at a time with a 6 credit maximum. Letter grade.</td>
<td></td>
</tr>
</tbody>
</table>

Student Signature: ____________________________

Instructor’s Name: ____________________________ Instructor’s Signature: ____________________________

Graduate\Undergraduate Coordinators Signature: ____________________________ Date: ________________

*Please return this form to the graduate secretary*

Please note: If returning this form without an Instructor Signature, it is acceptable for the student to request an email be sent by the supervising Instructor to the Graduate Secretary confirming acknowledgement of the registration in lieu of an actual signature on this form. It is, however, the SOLE RESPONSIBILITY OF THE STUDENT to make sure this email is sent. The graduate secretary WILL NOT initiate contact with the Instructor regarding this matter.

For Office Use Only:

Registered on OneUF: _______________ Added to Semester List: _______________ By: _______________ Date: _______________