

Independent Work Study Form

Student Name: _____ UFID: _____

Date: _____ Term: _____ Year: _____

Please check the box and write the number of credits you would like to be enrolled for in the space on the right:

		# Of Credits:
<input type="checkbox"/>	MAT 4905 Individual work (undergraduate level) 1-3 credits, max 10 credits counts toward the degree, Letter grade	_____
<input type="checkbox"/>	MAT 4911 Supervised research (undergraduate level) 1-3 credits, max 3 credits counts toward the degree, Letter grade	_____
<input type="checkbox"/>	MAT 6905 Individual work (graduate level) 3 credits, max 9 credits counts toward the degree, Letter grade	_____
<input type="checkbox"/>	MAT 6910 Supervised research (graduate level) 1-5 credits, max 5 credits counts toward the degree, S/U	_____
<input type="checkbox"/>	MAT 6971 Research for master's thesis 3 credits, max 15 credits counts toward the degree, Letter grade	_____
<input type="checkbox"/>	MAT 7979 Advanced Research (for those with a master's degree in math or in any doctoral program) 1-12 credits, S/U (not appropriate for students who have advanced to candidacy)	_____
<input type="checkbox"/>	MAT 7980 Research for Doctoral Dissertation 1-15 credits, S/U	_____
<input type="checkbox"/>	MAE 6940 Supervised Teaching 1-5 credits, max 5 credits counts toward the degree, S/U	_____
<input type="checkbox"/>	MAE 6943 Internship in College Teaching 3 credits, max 6 credits counts toward the degree, Letter (used in MAT/MST degrees)	_____

Student Signature: _____

Instructor Name: _____ Instructor Signature: _____

Graduate/Undergraduate Coordinator's 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.

Office Use Only

Registered on ISIS: _____ Added to Semester List: _____ By: _____ Date: _____