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:

- [ ] **MAT 4905**
  - Individual work (undergraduate level)
  - 1-3 credits, max 10 credits counts toward the degree, S/U Option
  - # of Credits: ______

- [ ] **MAT 4911**
  - Supervised research (undergraduate level)
  - 1-3 credits, max 3 credits counts toward the degree, S/U Option
  - # of Credits: ______

- [ ] **MAT 6905**
  - Individual work (graduate level)
  - 3 credits, max 9 credits counts toward the degree, letter grade
  - # of Credits: ______

- [ ] **MAT 6910**
  - Supervised research (graduate level)
  - 1-5 credits counts toward the degree, S/U
  - # of Credits: ______

- [ ] **MAT 6971**
  - Research for master’s thesis
  - 3 credits, max 15 credits counts toward the degree, letter grade
  - # of Credits: ______

- [ ] **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)
  - # of Credits: ______

- [ ] **MAT 7980**
  - Research for Doctoral Dissertation
  - 1-15 credits, S/U
  - # of Credits: ______

- [ ] **MAE 6940**
  - Supervised Teaching
  - 1-5 credits counts toward the degree, S/U
  - # of Credits: ______

- [ ] **MAE 6943**
  - Internship in College Teaching
  - 3 credits, max 6 credits counts toward the degree, letter
  - (used in MAT/MST degrees)
  - # of Credits: ______

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.

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