

Department of Applied Physiology and Kinesiology  
**GRADUATE CONTRACT**  
**\*\*\*TO BE COMPLETED PRIOR TO REGISTRATION\*\*\***

**NOTE:** If you are registering for one of the courses listed below, this completed contract must be on file in the department office (FLG 100) prior to your registration. You are expected to complete a minimum of 48 clock hours for each credit hour. You and your site supervisor should discuss the number of hours, which you are expected to complete. If the number of hours completed exceeds or is less than the credit hour requirement for which you are registered, you CANNOT retroactively add or drop credit hours to/from the course. You are required to submit an evaluation form completed by your supervisor at the end of your practicum/independent study/research experience. This evaluation is due in FLG 100 the week prior to the last day of classes. Failure to complete practicum or independent study hours and duties will result in a grade penalty.

Name: \_\_\_\_\_ UF ID# \_\_\_\_\_

Classification/College: \_\_\_\_\_ Area of Specialization: \_\_\_\_\_ Date: \_\_\_\_\_

**PART I**

I have registered for \_\_\_\_\_ credit hours in the following course for: (circle) Fall Spring SumA SumB SumC 20\_\_\_\_\_

*Place a check beside the course for which you are registering*

4	Course #	Course Title	4	Course #	Course Title
	PET 6905	Directed Indep. Study*		PET 6948	Adv. Practicum in APK
	PET 6910L	Supervised Research		PET 6971L	Masters Research
	PET 6940	Supervised Teaching		HLP 7979	Advanced Research
	PET 6947	Graduate Internship		HLP 7980	Doctoral Research

\*For PET 6905: The title of the project or study to appear on my transcript:  
 (Abbreviate up to 20 spaces only, with spaces between words and no punctuation)

\_\_\_\_\_

**\*For PET 6947 (Graduate Internship):** I am aware that a copy of my application packet (including transcripts) is being sent to the selected internship site. \_\_\_\_\_  
 Student Signature

**PART II**

Name of supervisor and agency affiliated with this course (a complete address and phone number must be provided). This information must be completed prior to faculty approval (part III).

Site Supervisor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Organization/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTE:** The undersigned hereby acknowledges awareness that neither the University of Florida or Department of Applied Physiology and Kinesiology requires students registering in the above courses (with the exception of PET 6947, Graduate Internship) to possess personal liability insurance and may not be held responsible for any acts of negligence by these students.

Site Supervisor's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III**

The APK faculty member who will be responsible for my work in this course is \_\_\_\_\_

APK Faculty's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (student completion of opposite side is required)

**Health Insurance Disclaimer**  
**College of Health and Human Performance**

*(To be completed by all students in Field Experience, Practicum, and/or Internship)*

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**PART I      Student Information**

Name: \_\_\_\_\_

UF ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Major: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*(Include specialization / option area)*

Phone: \_\_\_\_\_

***Please check the appropriate box:***

I have health insurance coverage (**Complete PART II**)

I do not have health insurance coverage (**Complete PART III**)

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**PART II      Health Insurance Information**

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date Coverage Begins

\_\_\_\_\_  
Date Coverage Ends

My signature verifies this information is true and accurate: \_\_\_\_\_

Student Signature

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**PART III      Uninsured Student Disclaimer**

I, \_\_\_\_\_, understand that the University of Florida is not responsible for any health  
*(Print name)*  
expenses incurred during my field experience, practicum, and/or internship hours. Further, I have been advised  
by the University of Florida to obtain health insurance and have elected not to do so.

\_\_\_\_\_  
Student Signature