

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

<input checked="" type="checkbox"/>	Course #	Course Title	<input checked="" type="checkbox"/>	Course #	Course Title
<input type="checkbox"/>	APK 6900	Directed Indep. Study*	<input type="checkbox"/>	PET 6948	Adv. Practicum in ESS
<input type="checkbox"/>	PET 6910L	Supervised Research	<input type="checkbox"/>	PET 6971L	Masters Research
<input type="checkbox"/>	PET 6940	Supervised Teaching	<input type="checkbox"/>	HLP 7979	Advanced Research
<input type="checkbox"/>	PET 6947	Graduate Internship	<input type="checkbox"/>	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)