

## WIS 6910

*Please print clearly:*

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

UFID#: \_\_\_\_\_ Classification: \_\_\_\_\_

Major: \_\_\_\_\_ Phone #: \_\_\_\_\_

**REGISTRATION FOR**       *Supervised Research*      **WIS 6910 Section#** \_\_\_\_\_

Number of Credits: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief Description of Assignment/Project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

*Return this form to Student Services room 102A Newins-Ziegler for registration.*

**REGISTERED BY** \_\_\_\_\_ **Date** \_\_\_\_\_

Student Services Personnel