

-PRINT Clearly-To Be Completed By
Chemistry Faculty/Staff:

Section No.: _____

**APPROVAL FOR SUPERVISED
TEACHING (CHM 4940)**STUDENT NAME: _____
Last First Middle UFID

EMAIL ADDRESS: _____ LOCAL PHONE # _____

STUDENT SIGNATURE: _____ DATE: _____

TEACHING SUPERVISOR (please complete the following):

The student listed above has my approval to enroll in Supervised Teaching under my supervision and I will provide a grade at the end of the term indicated below.

(Mark only one term per form)

YEAR	_____	_____	Fall	_____	Summer C
				_____	Summer B
		_____	Spring	_____	Summer A

The number of credits to be taken is _____. (Enter 0, 1 or 2)

PRINT NAME EMAIL ADDRESS PHONE NUMBER_____
SIGNATURE DATEThis form must be completed by the student and teaching supervisor. Once completed, send to Chemistry Advising at advising@chem.ufl.edu before the last day of drop/add to complete the registration for this class. Turning the form in late may result in issues in registration and/or fees.Grade document completed:
Date: _____ Initials: _____Permission & registration completed:
Date: _____ Initials: _____

If the 0 credit hour option is selected and the student is not registered for additional credits, a fee corresponding to 1 credit hour is applied.