

SWS 4941 FULL TIME PRACTICAL WORK EXPERIENCE IN SOIL AND WATER
STUDENT CONTRACT

INSTRUCTIONS: The student must complete this form in its entirety and obtain the appropriate signatures and then submit the form to Michael Sisk in 2181 McCarty Hall A or e-mail to mjsisk@ufl.edu for registration.

STUDENT'S NAME: _____ UFID: _____

LOCAL PHONE NUMBER: _____ E-MAIL: _____

Number of credit hours: _____

Credits: 1 to 3; Prereq: prior arrangement with adviser, permission of department.

Desired semester for registration:

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

Year _____

Off-Campus Contact/Supervisor _____

Company and Phone Number _____

E-Mail Address _____

Advisor's Name _____

Advisor's E-Mail Address & Phone Number _____

Description of Work Duties (continue on back if necessary):

Include expected hours per week

1 page summary of accomplishments due to Michael Sisk by the last day of classes.

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Note: The final grade is to be submitted by the advisor to Michael Sisk when final grades are due at the end of the semesters. Please call 294-3152 or e-mail mjsisk@ufl.edu if you have any questions.

Date registered: _____