

**SWS 4905 INDIVIDUAL WORK STUDENT CONTRACT  
SOIL AND WATER SCIENCE DEPARTMENT**

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](mailto:mjsisk@ufl.edu) for registration.

STUDENT'S NAME: \_\_\_\_\_ UFID: \_\_\_\_\_

LOCAL PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Prerequisite: 8 hours of soils and instructor permission.**

Number of credit hours: \_\_\_\_\_

Credits: 1 to 3; Can be repeated with change in content up to 6 credits.

Desired semester for registration:

Fall

Spring

Summer A

Summer B

Summer C

Year \_\_\_\_\_

Name of Research Instructor \_\_\_\_\_

Department \_\_\_\_\_

Instructor's Telephone Number \_\_\_\_\_

Instructor's E-mail Address \_\_\_\_\_

Brief Description of Research (Include expected hours per week; continue on back if necessary):

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: The final grade is to be submitted by the instructor to Michael Sisk on or before the deadline for grade submission at the end of the semesters. Please call (352) 294-3151 or e-mail [mjsisk@ufl.edu](mailto:mjsisk@ufl.edu) if you have any questions.

Date registered: \_\_\_\_\_