

**Institute of Food and Agricultural Sciences**  
Soil and Water Science Department

106 Newell Hall  
PO Box 110510  
Gainesville, FL 32611-0510  
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(352) 392.3399 Fax

**International Student Activity Report**

**Student Name and Signature:**

**UFID Number:**

**Course Number/Semester:**

**Attesting Faculty Member:**

**REC Location:**

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I hereby certify that for the course referenced above, I will proctor an examination, supervise an activity, or otherwise assist the above-named student in fulfilling Florida Statute § 214.2(f)(6)(i)(F), which requires the physical presence of all international students on F-1 visas for at least one integral activity per course while the student is enrolled in more than three credits of distance-based course work. In addition, I attest that this student is physically present for at least ten hours per week at the aforementioned Research and Education Center. The Course Instructor is aware of the Statute requirement and will assist in providing appropriate assignment(s) to fulfill this agreement.

**Attesting Faculty Member:**

**Course Instructor:**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

