

# PSY 4911: Undergraduate Research in Psychology Registration Request Form

Department of Psychology, University of Florida

Registration request forms for PSY 4911 are managed by the Psychology Dept. Advising office. Completed forms should be submitted **at least one day before** the end of the Drop/Add period of the requested semester. Students must have registered for at least one credit hour in ANY course before the Drop/Add period begins, or they will be assessed a \$100.00 late fee when registered for this course. All forms must be submitted electronically to [Psych-Advising@ufl.edu](mailto:Psych-Advising@ufl.edu) this includes any enrollments being sought after Drop/Add.

This course is graded S/U only and may be taken for **0-3** credits per semester. Students must complete 45 hours of work during that semester for each credit taken. A maximum combined total of 9 credits of **all** individual work courses taken can be counted toward the psychology major. For additional information about this course, go to our website at <http://www.psych.ufl.edu/~undergrad/>. **Students will not be registered for this course if they have current registration holds or information entered on this form is illegible or incomplete.**

Initial to certify that there are no holds on your account (go to <https://one.ufl.edu/> to check). →

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing, I confirm that have completed the relevant trainings and understand the information on this form.*

Trainings found at: my.ufl.edu ⑦ Main Menu ⑦ My Self Service ⑦ Training and Development ⑦ myTraining

## STEP 1: STUDENT AND REGISTRATION INFORMATION

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

UF ID: \_\_\_\_\_

UF Email Address: \_\_\_\_\_

SEM: \_\_\_\_\_ YEAR: \_\_\_\_\_ # of Credits: \_\_\_\_\_

(if summer semester, then indicate A, B, or C)

## STEP 2: FACULTY SUPERVISOR INFORMATION

Meet with the Faculty member or Project Supervisor with whom you want to work. Discuss the number of credits and type of laboratory work or research to be completed during the semester you plan to work.

Project Supervisor: \_\_\_\_\_

Area: \_\_\_\_\_

Email Address: \_\_\_\_\_

Supervisor's Signature\*\* \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_

Area: \_\_\_\_\_

Sponsor's Signature\*\* \_\_\_\_\_ Date \_\_\_\_\_

**\*\*NOTE: BY SIGNING, YOU ARE CONFIRMING THAT YOU HAVE CHECKED THAT THE STUDENT HAS COMPLETED SEXUAL HARASSMENT (GET803v) AND PRIVACY TRAINING (PRV802)**

## STEP 3: DEPARTMENT APPROVAL & REGISTRATION

After completing Steps 1 & 2, bring this completed form to the Psychology Undergraduate Advising Office in Room 135 of the Psychology Building for review. Only forms completed correctly can be processed by advising staff.

----- For Office Use Only. Do Not Mark Below! -----

\_\_\_\_\_  
Undergraduate Coordinator Signature      Date Processed

**SECTION:** \_\_\_\_\_ **REGISTERED BY:** \_\_\_\_\_

**If generic section #: ADDED TO EXCEL BY** \_\_\_\_\_

IF AFTER DROP/ADD = ALSO: CHECK BOX

AND Dept/Ctl ADDED BY: \_\_\_\_\_ Comment/Except ADDED BY: \_\_\_\_\_