PCO 4911: Undergraduate Research in Psychology of Health Disparities Registration Department of Psychology, University of Florida

NOTE: Registration and completion of this form must be completed by the mid-point of the desired semester of enrollment. 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 they are registered. You may be registered manually for PCO 4911 through the Drop/Add period. Once the Drop/Add period has ended, you must register through the Course Schedule Adjustment form.

This course is graded S/U only. **Only Department of Psychology Faculty or affiliate members of the Department may serve as Faculty Sponsors for PCO 4911.** Please type or print neatly. If your handwriting can't be read, you will not be registered.

STEP 1: STUDENT & REGISTRATION INFORMATION

Name: _____   UFID: _____ - _____

Email Address: _____   Phone: _____

Semester: _____ Credits: _____   Previous TOTAL # of Individual Work credits _____
(if summer, indicate A/B/C)   (include all PSY4911, PCO4911; PSY 3912, CLP 3911, PSY4905, PSY4940, PSY4949, and PSY4970)

Are you submitting more than one Individual Work Course registration form this semester? circle **Yes** or **No**

I understand that it is my responsibility to clear all registration holds before submitting this form: check ☐

I understand that I will NOT be registered for this course if I have current registration holds. check ☐

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. For <u>each</u> credit taken, you are expected to complete 45 hours of work during this semester. **1-3** credits may be taken per semester, and a maximum total of **9** credits can count toward your major.

_____   _____
Project Supervisor (Please Print)   Supervisor's Signature   Date

Email Address: _____   Phone: _____

_____   _____
Faculty Sponsor, if Different (Please Print)   Sponsor's Signature   Date

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. Once the form is completed correctly, you will be registered by the advising staff.

_____
Undergraduate Coordinator Signature   Date Processed

- - - For Office Use Only. Do Not Mark! - - -
SECTION: _____   REGISTERED BY: _____
If project supervisor = grad student: ADD TO EXCEL:_____
IF AFTER DROP/ADD: CHECK BOX ☐
DEPT/CTL added:_____   COM/EXP added:_____