Research Elective Agreement Form *(to be completed BEFORE registration)*

Student Full Name: _________________________________________________

UFID Number: _______________  Cell Phone: _______________

Gator Email Address: ____________  Class Standing: 1PD  2PD  3PD

Proposed Project Title: _______________________________________________

Proposed Faculty Mentor: ____________________________________________

Semester/Year of Enrollment: ________  Credit Hours (0-3): ____________

Brief Description of expectations and activities:

I have prepared the research description above filled out the Research Approval form in consultation with my planned faculty member/research mentor. I have read the responsibilities of the student included on the syllabus and agree to undertake these responsibilities.

Student’s Signature:____________________________ Date: _______________

Faculty Member Consent for Research Elective

Faculty Name: __________________________________________________________

Gator Email Address: ________________________________________________

Indicate whether the research will involve the following:
1) Export-controlled research? ___Yes ___No
2) An infectious agent or clinical samples? ___Yes ___No
3) Methods/procedures requiring specific safety training? ___Yes ___No

*If yes, describe specific training that the student will receive prior to performing these activities.*

I approve of the research description and credit hours submitted by the student applicant. I have read the responsibilities of the faculty member/research mentor that are in the syllabus and agree to undertake these responsibilities. The student has filled out the College’s Research Approval form.

Faculty Mentor Signature: __________________________________________Date __________