

**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** \_\_\_\_\_