

SUMMER 2017 COURSE REGISTRATION

ALL STUDENTS MUST complete this form (see reverse) and return it to Pam Marlin as soon as possible and **NO LATER THAN FRIDAY, March 31.**

YOU MUST also sign the form (see reverse) indicating that, to the best of your knowledge, the information provided is accurate.

- If you have not yet formed a supervisory committee, you **MUST** submit your proposed schedule to the graduate coordinator before your registration can be approved. First-year students should discuss their schedules with their faculty mentors first. The form may be left in Dr. Mueller's mailbox. He will contact you should a discussion of your schedule be necessary.
- If you have formed a supervisory committee and have also passed the qualifying exam, you **DO NOT** need an appointment with the graduate coordinator; completion of this form should be sufficient. However, in lieu of a meeting with the graduate coordinator, you **MUST** discuss your **SUMMER 2017** registration with the chair of your supervisory committee and indicate that you have done so by checking the box marked 'I have discussed my **SUMMER 2017** registration with the chair of my supervisory committee'. **Your supervisor should also sign at the bottom of the form.**
- If you have formed a supervisory committee **BUT HAVE NOT YET** passed the qualifying exam, completion of this form may be sufficient. However, there is a chance that you will be contacted by the graduate coordinator to arrange an appointment to discuss your progress. **You MUST also discuss your SUMMER 2017 registration with the chair of your supervisory committee** and indicate that you have done so by checking the box marked 'I have discussed my **SUMMER 2017** registration with the chair of my supervisory committee'. **Your supervisor should also sign at the bottom of the form.**

SUMMER 2017 COURSE REGISTRATION

NAME _____ Number of years @ UF _____

UFID # _____ Supervisory Committee Formed Yes No
Qualifying Exam Passed Yes No

DEGREE: Ph.D. [] M.S. [] M.S.T. [] Current Office & Phone Number: _____

Course#	Section #	Course Title	# of Credits	Period (s)	Instructor Name & Signature*
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You must be registered for 9 credits in the fall/spring and 6 credits in the summer.

Registration will close promptly at 5:00 PM, Friday, May 5, 2017. Any registration initiated after this time will be subject to a late registration fee of \$100.00.

[] I request an appointment with the graduate coordinator to discuss my registration for SUMMER 2017

[] I have discussed my SUMMER 2017 registration with the chair of my supervisory committee

Your signature _____ Date _____

(By signing, you are acknowledging that the information entered above is, to the best of your knowledge, accurate.)

Approved by: _____
Graduate Coordinator, Dr. Guido Mueller, OR Your Supervisory Committee Chair

* Required for PHY6905 and PHY6910 courses only