(Note: Also see Policy S.4.03)

NGR 7980
College of Nursing—Doctoral Research

Title: (Up to 21 letters and spaces, maximum)

Student: _____ UF ID# _____

Faculty Advisor: _____

Credit Hours: _____ Term/Year: _____

Course Description:
Course Objectives:
Teaching Methods:
Learning Activities:
Evaluation and Grading Scale:

Approval Signatures:

Student: _____ Date: _____

Faculty Advisor: _____ Date: _____

Program Director _____ Date: _____

Department Chair: _____ Date: _____

Distribution—Original Copy to: ____Student Affairs Copy to: ____Program Director ____ Faculty Advisor ____Dept. Prog. Assist.

PROCESS:

- **Student fills out and signs the form (electronic signature is acceptable) and emails it to <u>BOTH</u> the faculty member and the graduate student advisor in Student Affairs no later than the second week of the semester.**
- **Faculty member reviews, revises if needed, and signs or types name on the form.**
- **Faculty emails signed form to the program assistant for the Behavioral Nursing Science Department.**
- **Program assistant delivers form to Department Chair and Program Director for signatures and returns original signed form to Student Affairs.**
- **Advisor in Student Affairs notes receipt of form and places copy in student file.**