

Student-Instructor Agreement
Research Experience Course (UF# 4905)

Student Name _____

Instructor _____ M.E. Scharf _____

Research Topic _____

This agreement is to certify that the above-named student will meet at least the minimum expectations required for enrollment in the 4905- *undergraduate research experience* course. Expectations are as described below.

Course location: Entomology & Nematology Building, room 3113

Means of contact: e-Mail (try to use phone as a backup)

Time requirements: 2-4 hours per week

Grade requirements: (1) formulate research question and propose hypotheses, (2) obtain and be familiar with background literature on research topic, (3) conduct research project to test hypotheses, (4) prepare a final report draft in outline format, (5) write a coherent report at the end of the semester in journal article format.

Student signature / Date

Student Name:

eMail:

Instructor signature / Date

Michael E. Scharf

eMail: mescharf@ufl.edu

phone: 392-1901 ext.143