PCO 4911: Undergraduate Research in Psychology of Health Disparities Registration  Department of Psychology, University of Florida

**NOTE:** Registration and completion of this form must be completed by the mid-point of the desired semester of enrollment. Students must have registered for at least one credit hour in ANY course before the Drop/Add period begins, or they will be assessed a $100.00 late fee when they are registered. You may be registered manually for PCO 4911 through the Drop/Add period. Once the Drop/Add period has ended, you must register through the Course Schedule Adjustment form.

This course is graded S/U only. **Only Department of Psychology Faculty or affiliate members of the Department may serve as Faculty Sponsors for PCO 4911.** Please type or print neatly. If your handwriting can’t be read, you will not be registered.

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**STEP 1: STUDENT & REGISTRATION INFORMATION**

Name: ____________________________  UFID: _______ - _______

Email Address: ____________________________  Phone: ____________________________

Semester: ____________  Credits: ______  Previous TOTAL # of Individual Work credits ________

(if summer, indicate A/B/C) (include all PSY4911, PCO4911; PSY 3912, CLP 3911, PSY4905, PSY4940, PSY4949, and PSY4970)

Are you submitting more than one Individual Work Course registration form this semester?  circle **Yes** or **No**

I understand that it is my responsibility to clear all registration holds before submitting this form: check ☐

I understand that I will NOT be registered for this course if I have current registration holds. check ☐

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**STEP 2: FACULTY SUPERVISOR INFORMATION**

Meet with the Faculty member or Project Supervisor with whom you want to work. Discuss the number of credits and type of laboratory work or research to be completed during the semester you plan to work. For each credit taken, you are expected to complete 45 hours of work during this semester. 1-3 credits may be taken per semester, and a maximum total of 9 credits can count toward your major.

_____________________________________________  ___________________________________________
Project Supervisor (Please Print)  Supervisor’s Signature  Date

___________________________________________  ________________________________
Email Address: ____________________________  Phone: ____________________________

_____________________________________________  ________________________________
Faculty Sponsor, if Different (Please Print)  Sponsor’s Signature  Date

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**STEP 3: DEPARTMENT APPROVAL & REGISTRATION**

After completing Steps 1 & 2, **bring this completed form to the Psychology Undergraduate Advising Office in Room 135 of the Psychology Building** for review. Once the form is completed correctly, you will be registered by the advising staff.

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