APPROVAL FOR
SUPERVISED TEACHING (CHM 4940)
Please print clearly

STUDENT NAME_____ _____
Last **First** **Middle** **UFID**

EMAIL ADDRESS:_____ **LOCAL PHONE #**_____

STUDENT SIGNATURE:_____ **DATE:** _____

TEACHING SUPERVISOR (please complete the following):

The student listed above has my approval to enroll in Supervised Teaching under my supervision and I will provide a grade at the end of the term indicated below.

YEAR **Fall** ☐ **Spring** ☐
Summer C ☐ **Summer A** ☐ **Summer B** ☐

The number of credits to be taken: (Enter 0, 1, 2, or 3)

PRINT NAME **EMAIL ADDRESS** **PHONE NUMBER**

SIGNATURE **DATE**

This form must be completed by the student and teaching supervisor. Once completed, send to Chemistry Advising at advising@chem.ufl.edu before the last day of drop/add to complete registration. Turning the form in late may result in delays and/or fees.

This section to be completed by Chemistry Faculty/Staff

Section No:

Grade document completed: Date _____ _____ Initials

Permission and registration completed: Date _____ _____ Initials

If the 0 credit hour option is selected and the student is not registered for additional credits, a fee corresponding to 1 credit hour is applied.

Form Updated 4/2026