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, or 2)

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

Notes: 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.

All students enrolled in this course, regardless of number of credits, will be graded and that grade will appear on your transcript. The course entails completion of Canvas assignments in addition to the duties assigned by your teaching supervisor.

Form Updated 4/2026