

UNIVERSITY OF FLORIDA
COLLEGE OF PUBLIC HEALTH & HEALTH PROFESSIONS
BACHELOR OF HEALTH SCIENCE AND BACHELOR OF PUBLIC HEALTH

HSC 4969: HONORS SEMINAR
FACULTY AND STUDENT INITIAL AGREEMENT FORM

The faculty member(s) and student whose names and signatures appear below have agreed to work together to complete the project required for the Bachelors of Health Science Honors Program in the College of Public Health and Health Professions.

Anticipated Credits Per Term: Summer A ____ B ____ C ____ Fall ____ Spring ____ Total ____

NOTE: You must complete a minimum of 6 HSC 4970 credits and at least 1 of these credits must be taken during the Spring semester.

Student Name

Student Signature Date

PHHP Faculty Mentor

PHHP Faculty Signature Date

Non-PHHP Faculty Mentor (*if applicable*)

Non-PHHP Faculty Signature (*if applicable*) Date

NOTE: If your primary mentor is outside the College of Public Health and Health Professions, that mentor must sign this form and you must have a faculty member within PHHP also sign. The PHHP faculty member will be responsible for overseeing the administrative details of your project within our College.

NOTE: If a graduate student or post-doctoral fellow will be directly involved in your research mentoring only the faculty mentor who is ultimately responsible for this project must sign this document.