HNFS Graduate Course Registration Form

Complete the following and submit it to the Departmental Staff Member in 436 Sandels or email <u>j.kadar@fsu.edu</u>. Please submit this form in advance of your registration window.

You will only be registered for the course if 1) this form is completed in its entirety, 2) you have no holds, and 3) you are not in the major and have written permission from the instructor. The instructor will need to complete information on the second page. The second page of this form is required and serves as the syllabus on file. Please consult the instructor and/or your advisor regarding any questions may have. If you plan on enrolling in multiple courses, a separate form needs to be filled out for each course. Information for repeatable courses, such as maximum/minimum hours allowable and graded basis, are found in the FSU Graduate Bulletin.

Note: If this course will place you over 15 credit hours in a single term, you will not be registered for the course without first receiving permission for a course overload from your Academic Dean.

Repeatable Graduate Course List:				
HUN 5910 – Supervised Research (f	,	HUN 5906 - Directed Individual Study (for MS)		
HUN 6911 – Supervised Research (for PhD)		HUN 6906 - Directed Individual Study (for PhD) APK 8945 - Exercise Physiology Internship		
HUN 6940 – Supervised Teaching		•		
HUN 5938 – Special Topics in Nutri	*	HUN 8945 – Supervised I HUN 5971 – Thesis	rieid Experience	
HUN 6248 – Advances in Nutrition a PET 6931 – Advanced Topics	and I ood bei	HUN 6980 – Dissertation		
TET 0731 – Auvanceu Topies	_			
Full Name:		EMPLID:		
FSU Student E-mail:		_		
Semester:		Year:		
Course:		Hours:		
While the course numbers and titles are repe HUN6248 and PET6931 are required. The	eatable, topics are not re course topic will appean	epeatable. Topics for HUN59. r on the transcript and is limite	38, HUN5906, HUN6906, ed to 30 spaces.	
Topic for select course:				
Signatures and dates must be obtained	d via FSU DocuSign	and include the verificati	on page.	
Student Name	Signature		Date	
Instructor of Course	Signature		Date	
Department Chair	Signature		Date	
1	Signature			
FOR NIP OFFICE USE ONLY				

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Information below should be completed only by the instructor.

This page serves as a syllabus and will be kept on file.

Specific Objectives of Course: (each objective must have a corresponding method of evaluation - see below)		
Plan of Work/Study:		
Student/Instructor Meetings: (minimum of once per week)		

Methods of Evaluation: (specify product and how it will be evaluated)