

HNFS Graduate Course Registration Form

Complete the following and submit it to the Departmental Staff Member in 436 Sandels or email kay21c@fsu.edu. 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 you 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 (for MS)

HUN 6911 – Supervised Research (for PhD)

HUN 6940 – Supervised Teaching

HUN 5938 – Special Topics in Nutrition

HUN 6248 – Advances in Nutrition and Food Sci

PET 6931 – Advanced Topics

HUN 5906 - Directed Individual Study (for MS)

HUN 6906 - Directed Individual Study (for PhD)

APK 8945 - Exercise Physiology Internship

HUN 8945 – Supervised Field Experience

HUN 5971 – Thesis

HUN 6980 – Dissertation

Full Name: _____

EMPLID: _____

FSU Student E-mail: _____

Semester: _____

Year: _____

Course: _____

Hours: _____

While the course numbers and titles are repeatable, topics are not repeatable. Topics for HUN5938, HUN5906, HUN6906, HUN6248 and PET6931 are required. The course topic will appear on the transcript and is limited to 30 spaces.

Topic for select course: _____

Signatures and dates must be obtained via FSU DocuSign and include the verification page.

Student Name Signature Date

Instructor of Course Signature Date

Department Chair Signature Date

FOR NIP OFFICE USE ONLY

class # _____ and section # _____

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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)*