

SUPERVISION / SPECIAL COURSE FORM

Department of Nutrition and Food Science

For NFSC Department Office use only - Form Revised 08/17/2020

Instructions:

- (1) Complete this form **before the end of the second week of classes if you receive Financial Aid.**
- (2) Obtain supervising professor's signature.
- (3) Take this form to the *Department of Nutrition and Food Science* in Holt 369 Leave this **Form** with Monya and she *will enroll you in the supervised course.*

Year: _____ Semester: _____ Are you receiving financial aid this semester? Yes No
 IF yes, how many units are already enrolled in? _____
 Are you a CA resident? Yes No

Name: _____
 (last) (first) (FULL middle name)

CSUC ID# only _____ Local phone # _____
 (9 digit number)

I have been informed of the proper safety procedures to be followed in my special problems research project and have been shown where pertinent Material Safety Data Sheets (MSDS) are stored. I understand that it is my responsibility to read the MSDS before I handle chemicals. Failure to follow safe laboratory practices could lower my grade or result in disenrollment.

Student's Signature: _____

Date: _____

(Choose one of the following and enter below)

- NFSC 389 Nutrition Fieldwork (1 – 3 units)
- NFSC 399 Special Problems (1 – 3 units)
- NFSC 489 Externship (1 – 3 units)
- NFSC 489 C CHC Externship (1 – 6 units)
- NFSC 499 H Honors Senior Thesis or Project (3 units)
- NFSC 689 Graduate Internship (1 – 3 units)
- NFSC 697 Independent Study (1 – 6 units)
- NFSC 697 P Professional Paper (3 units)
- NFSC 699 T Masters Thesis (1 – 6 units)

Please check your NFSC Option

(2 units of 489 Externship required in NM; 1 unit required in FNC)

- F & N Communication Area of Study: _____
- Nutrition Management

Course No. Units Section TRACS # ←→ (Monya will assign Section and TRACS number)
 NFSC _____

Faculty Supervisor Signature: _____

Special Title for Transcript, if needed, (for all except 497's, 697's and 699T's): _____

Chair Approval

Date

OFFICE USE:

Added by: _____ Date Added _____
 (Nutrition Staff Signature)

Method Added: PeopleSoft COP Form