

ASSIGNMENT COVER SHEET

University of Florida - Continuing Education
2209 NW 13th Street • Suite D • Gainesville, Florida 32609-3498

TO BE COMPLETED BY STUDENT:

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone Number: _____

UFID#: _____

Social Security #: _____

Course Abbreviation: _____

Assignment Number: _____

Hours Spent on Assignment: _____

Date Sent: _____

PLEASE NOTE: WE RECOMMEND THAT ALL ASSIGNMENTS AND EXAMS BE COMPLETED AND RECEIVED BY UF-DOCE THIRTY DAYS PRIOR TO YOUR GRADUATION DATE, CERTIFICATION DEADLINE, OR YOUR OWN PERSONAL DEADLINE.

Student's response/comments _____

(reverse side may be used)

Instructor's response/comments _____

(reverse side may be used)

TO BE COMPLETED BY INSTRUCTOR:

Assignment Grade:

Final Course Grade:

Instructor's Signature: _____ **Date:** _____