

# 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: **DMT** \_\_\_\_\_

Assignment Number: \_\_\_\_\_

Hours Spent on Assignment: \_\_\_\_\_

***TO BE COMPLETED BY PRECEPTOR:***

Preceptor's Signature: \_\_\_\_\_

Preceptor's RD Number: \_\_\_\_\_

*Student's response/comments* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(reverse side may be used)*

*Instructor's response/comments* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(reverse side may be used)*

**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.**

***TO BE COMPLETED BY INSTRUCTOR:***

Assignment Grade:

Final Course Grade:

Date Graded: \_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_