

Wildlife Ecology and Conservation New Student Admission & Funding Information Form

WEC Faculty: Please complete this form with Donna Dyer's (dkb@ufl.edu) assistance and return it Karen Webb (kw26@ufl.edu) to begin the process of admitting your student. The Department Chair, the WEC Graduate Program Committee, and the UF Graduate School must all approve the admission before it becomes official and a formal offer is made to your student.

Name of Student: _____

UFID: _____

Name of Faculty Admitting student: _____

I agree to advise the above named student: _____

Faculty Advisor Signature

Please check appropriate box that applies to your faculty status within WEC:

- T** ___ Tenured or Tenure-accruing in WEC supervised by WEC chair.
- C** ___ Coop Unit Leader and assistant leaders supervised by NBS/DOI and reviewed by WEC Chair. These positions are a special category faculty.
- N** ___ Non-tenured accruing; Term Contract/grant appointment: supervised by WEC chair or tenured faculty member.
- J** ___ Joint faculty; Employed in another UF Department, but who is regularly performing responsibilities in WEC on a regular basis.
- A** ___ Affiliate faculty employed by another University department but participates in WEC on an occasional basis.

I am not offering grant or other funding under my control, only the offer to advise the student if he/she accepts admission. But I understand the student needs to have a funding plan in place (fellowships, grants, etc.) and cannot rely on WEC funds.

- If you check this option, in the space below, describe the student's plan of financial self-support through at least Year 2 of their graduate program (if an MS student) or at least through Year 4 of their graduate program (if a PhD student).
-

- Note: If you check this option, do not complete pages 2 & 3. Return this form to Claire Williams (102 NZH) and an Admission Only letter will be prepared and mailed to your student. This will be a very generic letter with no mention of any type of monetary support. Please make sure that your student is aware that the Department is not offering any type of funding to them, nor will their tuition and fees be paid by the Department. You will be notified if the student accepts or declines the offer of admission.
-

Description of the Student's funding package (source(s) for stipend and tuition):

_____ I will offer funding, and details are provided on pages 2&3.

Instructions: Contact Donna Dyer (dkb@ufl.edu) regarding the information requested here. This information will be used to prepare the student's Letter of Offer.

The following information must be completed with Donna's assistance. A Letter of Offer will be mailed to your student with detailed information pertaining to their stipend, tuition waiver, health insurance, FTE, and duration of funding. You will be notified if they accept or decline your offer. If your student accepts your offer, Donna Dyer will contact them to coordinate setting up their payroll appointment.

Source of Funding: _____

Term of funding (e.g. 1-year, 2-years, etc.): _____

If student has been granted a Fellowship, please list the name of the Fellowship here:

If the student has been admitted with other type(s) of funding, please explain:

The student will be appointed as a:

- T Research Assistant - Job Code 000540**
- C Teaching Assistant - Job Code 000541**
- N General Assistant - Job Code 000542**
- J OTHER _____**

Assistantship:

- ¼ (quarter time = (.25) FTE**
- ⅓ (one third time = (.33) FTE**
- ½ (one half time = (.50) FTE Other**
- OTHER _____**

Provide a brief description of student's Assistantship duties, to be included in the Letter of Offer and HR files:

Other Funding Details:

Annual Tuition: _____ } contact Donna Dyer for this information
Stipend: _____ } contact Donna Dyer for this information
Biweekly: _____ } contact Donna Dyer for this information

Indicate the Semesters that Assistantship/Fellowship will be given:

Note that students on RA or TA assistantships receive state tuition waivers, and must register for 9 credit hours each fall and spring, and 6 credit hours each summer, while they are on appointment. Fellows must register for 12 credit hours each fall and spring, and 8 credit hours each summer, while on appointment.

OPS students have no registration requirement. Because they do not receive a state tuition waiver, if they register, they will be charged tuition according the residency declaration made upon application to UF.

Please check off **each term and year** student will be given assistantship/fellowship funding and when the assistantship/fellowship funding will end. If OPS is being used, please indicate which semesters.

2025	Spring	___	Summer	___	Fall	___
2026	Spring	___	Summer	___	Fall	___
2027	Spring	___	Summer	___	Fall	___
2028	Spring	___	Summer	___	Fall	___
2029	Spring	___	Summer	___	Fall	___
2030	Spring	___	Summer	___	Fall	___
2031	Spring	___	Summer	___	Fall	___
2032	Spring	___	Summer	___	Fall	___
2033	Spring	___	Summer	___	Fall	___
2034	Spring	___	Summer	___	Fall	___

- **Assistantship Activities entail approximately:** _____ *hours per week*
- **As part of student's assistantship the student will receive a tuition waiver valued at approximately** _____ *per academic year*
- **This covers their matriculation fees for :** _____ *credit hours per academic year*

Please note that if student accepts the assistantship they will be required to register for a minimum of 9 credit hours each Fall and Spring semester and 6 credit hours each Summer C semester. Fellows will be required to register for 12 credit hours each Fall and Spring semester and 8 hours each Summer C semester.

Approved by in this order:

_____	Funding Offer Reviewed	_____	Date: _____
		Donna K. Dyer	
_____	Letter of Admission prepared	_____	Date: _____
		Karen Webb	
_____	LOA approved by Department Chair	_____	Date: _____
		Steven Johnson	

Supervisor Checklist for Health Assessments

UF Job Duties that Require a Health Assessment

Check all job duties that apply to position title _____/position number _____.
The job duty links provide descriptions, required forms and locations for more information.

1. For established positions, record the items checked below in myUFL's Organizational Development.
 2. For non-established positions (Ex. OPS, volunteers), record the items checked below on the [INOP form](https://uflorida.sharepoint.com/sites/ehs-occmed/Pages/INOP.aspx) (https://uflorida.sharepoint.com/sites/ehs-occmed/Pages/INOP.aspx).
- The Student Health Care Center will need the job duties from either #1 or #2 above before the health assessment is completed.

-
- _____ [Animal Contact](#)* exposure to vertebrate animals, animal tissues, body fluids or wastes; works with animals or works in animals facilities
- _____ [Asbestos Abatement](#)* individuals involved in an abatement effort
- _____ [BioPath](#)* for those with potential exposure to risk group 3 agents
- _____ [Climbing](#) focus is on not only leg motion but also hand-over-hand motion such as with climbing ladders but not stairs
- _____ [Commercial Driver License](#)* for those required to have a commercial driver license as part of their UF employment)
- _____ [Contact with Human Blood](#)* or Other Potentially Infectious Material (OPIM) includes human body fluids other than feces, urine, tears and sweat
- _____ [Frequent reaching above shoulder](#) includes painting, shelving books, running overhead cable, etc
- _____ [Heavy Lifting](#) 51 pounds and over
- _____ [Kneeling](#) more than 2 hours per day
- _____ [Law Enforcement](#) duties with the University Police Department
- _____ [Noise](#)* (Work in Area of Excessive Noise) noise level defined by OSHA
- _____ [Operation of Special Purpose Vehicle](#) includes industrial or farm equipment
- _____ [Patient Contact](#) having physical or face-to-face contact with a patient, or having contact with potentially contaminated items including (but not limited to) blood and/or body fluids
- _____ [Pesticide Use](#)* individuals who use pesticides as defined in the *Medical Monitoring Program for Pesticide Users*
- _____ [Repeated Bending](#) more than 2 hours per day
- _____ [Repetitive Pulling and Pushing](#)
- _____ [Respirator Use](#)* for individuals required to wear a respirator on a routine or emergency basis
- _____ [Scientific Research Diving](#)* for individuals who participate in UF affiliated research diving
- _____ [None of the above job duties apply](#)

Supervisor name (print or type)

Supervisor signature

Date