USF Contract For Independent Study & Directed Research

Student (Print or Type)_________________________________________U______________

Last Name   First Name  M.I.          USF ID Number
________________________________________________________________________

Street Address        Home Phone
________________________________________________________________________

Reference #   Prefix Course #  Section  Cr. Hr. Instructor

Describe the title and course content:

PLEASE NOTE: The Independent Study plan is designed to provide opportunities for the student to complete courses under conditions of self-guidance. The instructor is grading this permission because he/she feels that the student will profit academically as much or more from this kind of study as he/she would from regular classroom attendance. This arrangement should not be made as simply a convenience for the student who has made outside work or other conflicting commitments. NORMAL REGISTRATION PROCEDURES ARE TO BE FOLLOWED TO VALIDATE THIS CONTRACT.

I hereby agree to the terms outlined below for completion of this course by Independent Study.

________________________________________________________________________

Student's Signature   Date   Instructor's Signature   Date

TERMS OF AGREEMENT

(Indicate exams, term papers, special projects, field trips, or other requirements for the course. A final examination or equivalent thereof must be given. Staple additional pages to this sheet if necessary. )