

ART & ART HISTORY STUDENTS: COMPLETE REVERSE SIDE



UNIVERSITY OF
SOUTH FLORIDA
COLLEGE OF THE ARTS

CONTRACT FOR DIRECTED STUDY

Department of Major _____	Fall Semester 20 _____
Undergraduate () Graduate ()	Spring Semester 20 _____
Name _____	Summer A 20 _____
USF ID _____	Summer B 20 _____
Current Address _____	Summer C 20 _____
Semester hours _____	Current phone _____
Reference no. _____ Prefix _____	Course title _____
	Number _____ Section _____

Describe proposed study:

State briefly your reason(s) for taking the directed study:

Terms of Agreement (Indicate examination, term paper, special projects, field trips or other requirements of the course.)

Terms of Evaluation: Describe criteria to be used in making evaluation (to be filled out by instructor)

I HEREBY AGREE TO THE TERMS OUTLINED ABOVE FOR COMPLETING THIS COURSE OF DIRECTED STUDY.

_____ Signature of Instructor	_____ Date	_____ Signature of School Director	_____ Date
_____ Signature of Student	_____ Date	_____ Student Email Address	

IMPORTANT: The original Directed Study Contract will be sent to the Advising Office for processing by the School of Art and Art History Office.

Distribution: Student () Instructor () Department Office () Advising Office ()

