



UNIVERSITY of SOUTH FLORIDA

College of The Arts School of Theater & Dance

CONTRACT FOR DIRECTED STUDY

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

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, Print Name of Instructor, Signature of Student, Date, Student USF Email Address

IMPORTANT: Student is responsible for distribution of the Directed Study Contract and must present a signed copy to his/her advisor in order to register.

Distribution: Student Instructor Department Office Advising Office