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 Name

Describe the title and course content:

PLEASE NOTE: The Independent Study/Directed Research 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.

TERMS OF AGREEMENT

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

I hereby agree to the terms outlined for completion of this course.

__________________________________  ____________  __________________________  ____________
Student's Signature               Date                     Instructor's Signature            Date

Degree Program  Advisor Name and Signature  Date
For a student in BS program, undergraduate advisor must approve. For a MS/PhD program, graduate advisor must approve.