

DIRECTED STUDY REGISTRATION FORM

Student Instructions:

1. Please print throughout the entirety of this form. Students complete Part I.
2. Obtain the required approvals for Part II. A course number will be assigned at the Office of the Dean of the School/College which is offering the course.
3. Bring the completed form to the One Stop Enrollment and Financial Services Office, LM 251.

PART I: TO BE COMPLETED BY THE STUDENT

 Last Name, First, MI

 USF Student ID Number

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10 = Intersession; 20 = Spring; 30 = Summer; 40 = Fall (i.e., 201040 = Fall 2010)

Year

Term

 Course Title (in full)

 Instructor's Name

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Course Title (abbreviated, 26 characters, including blank spaces, as you wish it to appear on your transcript)

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Description

Credit Hours

PART II: APPROVALS TO BE OBTAINED BY STUDENT (Date of Signature Required)

 Instructor Date

 Faculty Chair (Undergraduate Only) Date

 Adviser Date

 Student's Dean/Director Date
PART III: TO BE COMPLETED BY THE DEAN'S OFFICE

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Subject	Course Number	Section										

Instructor's Last Name	M.I.

Course Reference Number (CRN)	

Instructor's First Name	M.I.

Substituted for Course	

 Dean's Office Representative Date
FOR ACADEMIC AND ENROLLMENT SERVICES OFFICE USE ONLY. PLEASE DO NOT WRITE IN THE SPACE BELOW.

Date Entered: _____

Operator's Initials: _____

Grad Center: _____

white/onestop yellow/student

Form Revised 06/02/14