

## DIRECTED STUDY REGISTRATION FORM

College of Arts and Sciences Kalmanovitz 180

## Student Instructions:

- 1. Students complete Part 1 please write legibly.
- 2. Obtain the first two required signatures from your Instructor and Adviser (or Department Chair/Program Director).
- 3. Deliver the form to CASA (UC 3rd floor) for further review and processing.

## PART I: TO BE COMPLETED BY THE STUDENT

			USF Student ID Number																
Year	Term	10 = I	ntersess	sion; 20 =	= Spring	; 30 =	Summ	er; 40	= Fal	II (i.e	ə., 201	740 =	Fall	2017)					
	Instructor's Name																		
													- - - -						
Course Title (abbro	eviated, 26 ch	naracters, incl	uding bl	lank spa	ces, as	you w	rish it t	o app	ear c	on you	r tran	script	)						
Credit Hours					Che		conf have		-						-				
PART II: APP	PROVAL	S TO BE	OBT	AINE	D BY	′ ST	UD	EN	Γ (Γ	)ate c	of Sig	natui	re R	equii	red)				
1. Instructor			Date	e			3. Ar	ea As	socia	ate De	an						Date		
2. Adviser or Departm		4. Associate Dean, Academic and Faculty Services Date																	
PART III: TO	BECON	/IPLETE	D BY	THE	DEA	N'S	OF	FIC	ΕF	REP	RES	SEN	ITA	λTI\	/E				
Subject Course Reference N		Instructor's Last Name									]								
Substituted for Cour	se						Dear	n's Of	fice F	Repres	entat	ive					ate		
	FOR OF	FICE OF THE					ASE DO	D NOT	r WRI	TE IN	THE S	SPACE							
Date Entered:		Operator's	Initials:			Grad	d Cente	er:			_	white/o	nestop	yellow/	student		Form Rev	rised 05/01	1/17