DIRECTED STUDY REGISTRATION FORM

PART I: TO BE COMPLETED BY THE STUDENT

Last Name, First, MI

USF Student ID Number

Year

Term

Course Title (in full)

Instructor’s Name

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

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

Subject

Course Number

Section

Instructor’s Last Name

Instructor’s First Name

M.I.

Course Reference Number (CRN)

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: ____________

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