

## DIRECTED STUDY REGISTRATION FORM

College of Arts and Sciences Harney 240

## **Student Instructions:**

Date Entered:

Operator's Initials: \_

- 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	A (UC 3rd	d floor) fo	or further	r review a	nd pro	cessir	ng.							
PART I: TO BE	COMF	PLETE	D BY T	HE ST	TUDEN <sup>-</sup>	Γ									
L	USF Student ID Number														
		10	= Intersess	sion; 20 = S	Spring; 30 = :	Summei	r; 40 = Fa	all (i.e.,	20174	0 = Fa	II 201	7)			
Year	Term														
(	Instructor's Name														
Course Title (abbrevia	ated, 26 ch	aracters, ir	ncluding bla	ank space	s, as you w	ish it to	appear	on your	transci	ript)					
Credit Hours  PART II: APPR	ROVALS	S TO B	E OBT			have a	attache	d the sy	llabus	for r	ny dii	rectea			
1. Instructor			Date	е		3. Area	a Associ	iate Dear	n					Date	
2. Adviser or Department Chair/Program Director Date 4. Assistant Dean, Academic and Faculty Services Date															
PART III: TO B	E COM	IPLETE	ED BY	THE D	EAN'S	OFF	ICE I	REPR	RESE	ENT	ATI	VE			
Subject  Course Reference Num	Instructor's Last Name  Instructor's First Name  M.I.														
Substituted for Course						Dean's	Office	Represe	ntative	:				Date	
	FOR OF	FICE OF TH	HE REGIST	RAR USE	ONLY. PLEA			•			ELOW	٧.			

Grad Center: \_