

Undergraduate Students

Section A: Student Information

Name _____ USF ID _____
 Major _____ Current phone _____
 USF Email Address _____

Section B: Course Information

*This section will be filled out by the department, **except for the term**, & your advisor will grant you a permit. Please disregard the dates and times listed in Oasis, and follow what you and your faculty memembr have arranged.*

Fall 20 _____
 Spring 20 _____
 Summer A 20 _____
 Summer B 20 _____
 Summer C 20 _____

Directed Study ART 4905

Reference no. _____ Section _____

Credit Hours _____ **Each credit hour is equal to 30 hours of work.*

To be completed by student and faculty member.

Describe Directed Study

State briefly your reason(s) for taking the directed/extend study.

Terms of Agreement (What will be the end result? A term paper, special project, video, etc)

Terms of Evaluation: Describe criteria to be used in making evaluation **(to be filled out by instructor)**

I HEREBY AGREE TO THE TERMS OUTLINED ABOVE FOR COMPLETING THIS COURSE.

Name of Faculty Member

Signature of Faculty Member

Date

Signature of Student

Date

Signature of School Director

Date

Degree Type

BA Art History

BA Studio Art

BFA in Studio Art

Studio Specialization

Animation

Ceramics

Drawing/Painting

Photography

Printmaking

Sculpture & Extended Media

Video & Digital Arts

Please list all Studio Art & Art History courses you have completed as of this term:

Course Number	Course title	Semester Completed