

**DEPARTMENT OF AFRICANA STUDIES
COLLEGE OF ARTS AND SCIENCES**

S/U CONTRACT

Instructions: complete this form, have it signed by your instructor, make a photocopy for your records, and return the original to the instructor. This must be accomplished no later than the third week of class, unless otherwise allowed by the instructor.

Course Title: _____

C R N: _____ Prefix & Course Number: _____

INSTRUCTOR: _____ Semester/Year: _____

STUDENT'S NAME: _____ STUDENT'S ID #: U_____

I am applying to take the above course on an S/U basis. In making this application, I affirm that I understand the following:

1. Maximum of 20 hours S/U option.
2. In order to earn a grade of S, my work will meet the course requirements for a letter grade of C or better.
3. None of the 20 credits may be taken in the students major or supporting courses unless S/U is the only grading option.
4. I understand that my chances for admission to graduate studies – at USF or elsewhere may be impaired should I acquire more S/U credits than my desired program considers acceptable.
5. I understand that to satisfy the 6A-10:30 (Gordon Rule) requirement; the course(s) may not be taken on an S/U basis.
6. I understand that courses to satisfy USF's B.A. foreign language requirement may not be taken on an S/U basis.

(Important: If you are unclear about any of the above conditions, please discuss them with your advisor for clarification.)

Student's Signature

Date

Instructor's Signature

Date

Chairperson's Signature

Date