

S/U CONTRACT

Instructions: complete this form, have it signed by your instructor, make a copy 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:

CRN_	Subject and Number Sem	ester/Year:
	oplying to take the above course on an S/U basis. In making tand the following:	this application, I affirm that I
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 student's 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.	
7.	I understand that S/U grades will not meet FKL requirements.	
(Impor	tant: If you are unclear about any of the above conditions, ple ration.)	ease discuss them with your advisor fo
Studen	t Name	UID
Studen	t Signature	Date
Instruc	tor name	-
Instructor Signature		Date