



Graduate and Undergraduate Studies: OFFICE OF THE ASSOCIATE DEAN  
4202 East Fowler Avenue, BEH201, Tampa, Florida 33620  
phone (813) 974-6957 fax (813) 974-4075

### 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 accomplish no later than the **third week of class**, unless otherwise allowed by the instructor.

Course Title: \_\_\_\_\_

Ref # \_\_\_\_\_ PFX: \_\_\_\_\_ NO: \_\_\_\_\_ SEC: \_\_\_\_\_

Instructor: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

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 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.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date