

Department of Mathematics & Statistics
University of South Florida
GRADUATE COURSE PERMIT FORM

CRN (for internal use)

STUDENT INFORMATION (Student)

Last Name First Name Middle Initial USF ID #

Street Address City State Zip Code

E-Mail Address Telephone Contact

COURSE INFORMATION (Student)

Term ☐ FALL ☐ SPRING SUMMER ☐ A ☐ B ☐ C Year 20____ Credits
☐ MAT 6908 ☐ MAT 6939 ☐ MAT 6911/☐ 7912 ☐ MAT 7980 ☐ MAT 6971
Independent Study Graduate Seminar Directed Research Dissertation: Doctoral Thesis: Masters

Note: Credit hours of MAT 6908, 6911, 6939, and 7912 earned before passing two Core Qualifying Exams at the Ph.D. level do not count towards the Ph.D. degree in Mathematics. In this case, they may be taken only with approval from the Graduate Program Director. Coursework for MAT 6939 requires approval from the Graduate Committee.

Have you passed two Core Qualifying Exams at the Ph.D. Level? ☐ Y ☐ N

These courses are designed to provide opportunities for the student to complete courses under conditions of self-guidance. The instructor is granting this permission because s/he feels that the student will profit academically as much or more from this kind of study as s/he would from regular classroom attendance or because subject matter is not available in a regularly scheduled course. This arrangement should not be *simply* a convenience for the student who has outside work or other conflicting commitments. **Normal registration procedures are required to validate this contract.**

State briefly your reasons for taking the above course.

CONTRACT

TERMS OF SATISFACTORY COMPLETION: Indicate examinations, term papers, special projects, presentations, frequency of meetings, or other requirements for the course (attach a separate sheet if necessary).

I HEREBY AGREE to the terms outlined above for satisfactory completion of this course. I understand that the instructor may assign a "U" grade if these terms are not met. I understand that this does not constitute a full course assignment or warrant any overload payment.

Student Signature Date

I APPROVE the terms above.

Instructor's/Organizer's Name (Print) Signature Date

Graduate Program Director's Name (Print) Signature Date
(Program Director's signature is only required if student has not yet passed two Core Qualifying Exams at the Ph.D. level.)