Instructor's Documentation Form

Undergraduate Academic Regulations Committee (ARC)

I. STUDENT INFORMATION

Last Name _____ First Name _____ USF ID _____

II. COURSE INFORMATION AND INSTRUCTIONS TO BE COMPLETED BY STUDENT

Which Semester? Course Term: Year _____ Semester: ☐ Fall ☐ Spring ☐ Summer A ☐ Summer B ☐ Summer C

Which Class?

CRN	PREFIX	NUMBER	SECTION	CREDIT HOURS	TITLE	ONLINE ONLY?	DAY(S) OF WEEK	MEETING TIME