



**Graduate Student Handbook**  
**Fall 2003**

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## Important Contacts

Peter R. Betzer	CMS Dean	KRC 3109	x3-3940
Linda Kelbaugh • Peter Betzer contact person	Administrative Assistant	KRC 3114	x3-1634
Kent Fanning	CMS, Assistant Dean of Administrative Affairs	KRC 1107	x3-1594
Ted Van Vleet	CMS, Director of Academic Programs and Student Affairs	MSL 207	x3-1165
Nadina Piehl • Class Management • Admissions • Recruiting • Student Advising and Information	CMS, Assistant Director of Academic Affairs	MSL 210	x3-3944
Desiree Woroner Lois Bryce • Marine Science personnel information • Time sheets • Appointment papers • Payroll • PAR form	Human Resource Coordinator HR Assistant	MSL 111	x3-1632 x3-3942
Chris Schwint • Grant questions • Signature authority • Petty cash • Department purchase approvals	CMS Budget Coordinator and Office Manager	MSL 112	x3-1048
Terry Quinn	Chairperson of the Curriculum Committee	MSL 218	x3-1658
Doug Myre Joe Vanderbloemen • Computer problems • Passwords • Email accounts	Computer Managers	MSL 119 MSL 119	x3-1119 x3-1190
Hope R. Botterbusch • Assist with scholarship & grant sources • Fund raising	Research Programs/Services	KRC 3115	x3-3934
Estella Bunch • Tuition payment on Grants • Grant questions	Division of Sponsored Programs	KRC 3113	x3-1150
Chad Edmisten • Graphic design • Photography • Posters, reproductions, slides • Maps for presentations	Graphics Manager	MSL 101	x3-1516

• Photo board			
Bob Jolley • Building key requests • Office assignments • Machine shop work orders • College vehicle usage questions • Boat policies	Marine Science Director	MSL 103	x3-1633
Joan Hesler	Administrative Assistant to Bob Jolley	MSL 109	X3-1641
Florence Cole • Paycheck distribution • Mailbox information • Photo copying information • Department vehicle sign-out • Room scheduling-Conf Room/KRC/ Karen A. Steidinger Auditorium	CMS Receptionist	MSL 119	x3-1130
Betty Rahn	Accounts Payable	MSL 113	x3-1138
Nancy Holloway • Reconciling grant accounts	Accountant	MSL 101A	x3-1018
Holly Peterson	Purchasing Associate		
Barbara Daugherty	Travel	MSL 136N	X3-3938
Tracy Christner • Coordinator, FCOSEE • Notary services	Florida Center for Ocean Science	MSL 208	x3-3931
Teresa Greely • Florida COSEE Co-Director • Oceanography Camp for Girls • GK-12 Fellowships	Coordinator of Educational Outreach	KRC 2111	x3-3921
Randy Maxon	Florida Institute of Oceanography	MSL 128	X3-1100
Tim Lane	Mailroom/Receiving Supervisor	POR 106	553-4145
Registrar's Office	Joyce Morin	BAY 102	553-4142
Cashier's Office	Sue Ryan	BAY 132	553-4107
Campus Police	Rusty Richmond	PSD 001	553-4140
Parking Services	Gale Mazzeo	PSD 001	553-4510
Office of Financial Aid	Jennifer Clarke	BAY 108	553-4128
Kelli McCormack-Brown	Interim Dean of the Graduate School	FAO 126	x4-2846
Janet Giles	Manuscript Consultant	FAO 126	x4-5220
Student Health Services		SHS 100	x4-2331

## Important Websites

University of South Florida <http://www.usf.edu>

USF Graduate School <http://www.grad.usf.edu>

OASIS Registration <http://usfonline.admin.usf.edu>

College of Marine Science <http://www.marine.usf.edu>

Internal Page <http://www.marine.usf.edu/Internal/>

- Mailing lists
- Help desk
- Telephone list
- Internal documents
- Internal software downloads



## Time Line for the Master's Degree

During the first year of study, students should:

- plan a course of study
- choose an area of research
- choose a major professor
- choose a committee

If the student is not already a resident of Florida, after twelve months of legal residence the student can apply for residency. When applying for residency, all documentation must be dated **at least** 12 months earlier. Therefore, the student should get the necessary forms from the Registrar's Office and look into the requirements immediately upon arriving at USF.

Students applying for graduation must apply within the first two weeks of the semester in which they wish to graduate (see the online academic calendar for specific dates).

The written thesis must be turned into the Graduate School no later than one week before the end of classes. Specific dates are listed on the Graduate School website.

Degree requirements must be completed within seven years.

## Time Line for the Ph.D. Degree

By the end of the third semester, the student should:

- plan a course of study
- choose an area of research
- choose a major professor
- choose a committee

If the student is not already a Florida resident, after twelve months of legal residence the student can apply for residency. When applying for residency, all documentation must be dated **at least** 12 months earlier. Therefore, the student should get the necessary forms from the Registrar's Office and look into the requirements immediately upon arriving at USF.

Once all course work has been completed and no longer than twelve months after that time, the student must take the Ph.D. Comprehensive Qualifying Examination.

Two months before the Comprehensive Qualifying Examination is to be taken, the student should meet with his/her committee to prepare for the exam and plan an examination date.

The oral portion of the Comprehensive Qualifying Examination should be taken within two weeks of the written portion.

Once the student has successfully completed the course work and Comprehensive Qualifying Examination the student is admitted to candidacy.

All course work taken after admission to the Ph.D. program and BEFORE admission to candidacy must be completed within 5 academic years for those entering with a Master's degree and within 7 academic years for those entering without a Master's degree. After a student is admitted to candidacy, he or she has 5 academic years to obtain the doctoral degree.

Students applying for graduation must apply within the first two weeks of the semester they wish to graduate (see the online academic calendar for specific dates).

A draft copy of the dissertation should be submitted to the manuscript consultant at least 6-8 weeks before the end of the semester the student intends to graduate. This also should be done prior to the oral defense of the dissertation. Specific dates are listed on the Graduate Website.

When preparing for the Oral Defense, the Request for Dissertation Defense form (available either on the graduate website or in the Student Affairs Office ) must be submitted to the Graduate School no less than two weeks prior to the scheduled oral defense that is at least six weeks before the end of the class. It is at this time that a Chair of the Examination Committee must be chosen.

Three weeks before the end of classes the student must submit a completed dissertation to the Dean of the Graduate School. Specific dates are listed on the Graduate School website.

# REGISTRATION PROCESS

## REGISTRATION

Dates, information and instructions for registration can be found on the USF Oasis website. <http://usfonline.admin.usf.edu> and clicking on **Oasis Login**. A copy of the Marine Science schedule is also maintained at the Receptionist's desk. A Phone registration is also available (see schedule of classes and Form 1), or you can register in person (Form 2). Before students can register for their first semester at USF, they must submit proof of immunization prior to registration. Drop/adds are processed during the first week of classes without penalty. Registration, which occurs after the scheduled period and during the first week of classes, will be considered late registration and there will be a \$100 late fee charged. All registration fees must be paid by the fifth day of classes, otherwise a \$100 late payment fee is charged.

## IMMUNIZATION REQUIREMENTS

Upon initial registration at USF, anyone born after 12/31/56 must show proof of immunization:

- Measles (one dose: at 12 months of age or older, and in 1968 or later)
- Measles Boosters (2nd dose: at least 30 days after the 1st dose)
- Rubella (one dose: at 12 months of age or older, and in 1969 or later)

**NOTE:** Measles proof not required if born before 1/1/57. Acceptable proof of immunity (which includes health department records, doctor records or school records) must be received prior to a student's being permitted to register. Students can be exempted from this requirement for religious reasons. If registering by computer or telephone, proof of immunization must be submitted well in advance of registration. Proof of immunization can be presented to Records Office, Bayboro Hall 126. An immunization form may also be obtained at this location (Form 3). Inquiries regarding this policy should be directed to USF USF Student Health Services (SHS 100) Tampa, Florida, 33620 (Phone: (813)974-2331).

# FORM 1

## SUNDIAL REGISTRATION WORKSHEET

**1. CALL** If your last name starts with **A-G** **\*(813) 558-2000**  
**H-O** **(813) 558-2047**  
**P-Z** **(813) 631-4458**  
If you are calling from **Sarasota** **(941) 359-4500**

**2. Enter Selection** **Registration**   
**Register for Classes**

**3. Select Term** **Fall 1998**

**4. Enter 9-Digit Student ID Number**

**5. Enter 6-Digit Personal Identification Number**

**TO REGISTER, ADD OR DROP: Use the selection below that applies.**

### 6. To Register/Add Courses (See Important Note Below)

Subject/Course Number/Section	Title	Days/Times	Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 7. To Exit Register/Add Mode and Confirm

**\*#3**

### 8. To Drop Courses (See Important Note Below)

**2**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 9. To Exit Drop Course Mode and Confirm

**\*#3**

**NOTE: If you do not enter '\*#3' after a drop or add session, course activity will not be confirmed, and any changes made will be lost.**

**10. To Exit SunDial, follow the instructions for "Return to Previous Menu" until the option is given to "End Your Call".**

## REGISTRATION FORM

☐ STATE EMPLOYEE

SEMESTER

**GENDER**


--	--	--

Mo Day Year

--	--

Mo Year

7

NAME \_\_\_\_\_  
Last First M.I.

LOCAL  
ADDRESS

Street Address	City	State	Zip Code	County	Telephone Number
----------------	------	-------	----------	--------	------------------

PERMANENT  
ADDRESS

Street Address	City	State	Zip Code	County	Telephone Number
----------------	------	-------	----------	--------	------------------

IN AN EMERGENCY  
NOTIFY:

Last Name	First	Middle	Phone Number
-----------	-------	--------	--------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

**RELATION TO YOU:**

☐ SPOUSE☐ PARENT/GUARDIAN☐ OTHER

1. Are you a citizen of the United States? ☐ Yes ☐ No If no:  
A. Are you a U.S. permanent resident (Green Card holder)? ☐ Yes ☐ No  
B. What is your nation of citizenship? \_\_\_\_\_  
Visa type (check one): ☐ F-1 ☐ F-2 ☐ J-1 ☐ J-2 Other \_\_\_\_\_
2. Ethnic Origin (Required by U.S. Department of HEW under Title VI of the Civil Rights Acts):  
☐ (W) White (not of Hispanic Origin) ☐ (B) Black (not of Hispanic Origin) ☐ (H) Hispanic  
☐ (A) Asian or Pacific Islander or Indian (Asian) ☐ (I) American Indian or Alaskan Native
3. Are you a qualified disabled person? ☐ Yes ☐ No If yes, see back of form for impairment code and indicate code here: \_\_\_\_\_
4. Home Campus: ☐ Tampa ☐ St. Petersburg ☐ Ft. Myers ☐ Sarasota ☐ Lakeland
- 5A. Have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution?  
☐ Yes ☐ No
- B. Have you ever been arrested or charged with a violation of law which resulted in probation, community service, a jail sentence, revocation or suspension of your driver's license or in a fine of \$200.00 or more? ☐ Yes ☐ No
- If your answer to either of the foregoing is yes, you must submit a full, explanatory statement on a separate sheet attached to this form. The University undertake to expeditiously review your request for enrollment; however, your registration is conditional until the review is complete. False or incomplete responses result in disciplinary action, cancellation of registration or invalidation of credits earned.*
6. Are you on active military duty? ☐ Yes ☐ No
7. Are you the spouse or dependent of a person on active military duty? ☐ Yes ☐ No
8. Are you a veteran of the U.S. Military Service? ☐ Yes ☐ No
9. Are you taking/planning to take courses for teacher certification or recertification in this term? ☐ Yes ☐ No

COURSES					SEM. CREDIT HOURS	PERMIT APPROVAL STAMP
REF. #	DEPT.	PREFIX	NUMBER	SECTION		
TOTAL						

OVERLOAD COLLEGE APPROVAL  
REG. rev1199

# IMMUNIZATION FORM

**REQUIRED IMMUNIZATIONS PRIOR TO REGISTRATION.** As a prerequisite to matriculation or registration, the State University System of Florida requires all students born after 1956 to present documented proof of immunity to MEASLES (Rubella) and RUBELLA (German Measles). See reverse side for complete immunization policy.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

Steel Address

Phone Number	Birthdate	Age
--------------	-----------	-----

For which term are you applying?  
(circle a term and fill in the year)

Spring	Summer	Fall	Year
--------	--------	------	------

**INC**  
**Rubeola**  
**Measles)**

**Do you have any health problems or concerns of which USF Student Health Services should be aware?**

If you wish to receive care for the above problems or concerns at USF Student Health Services, it is your responsibility to make a follow-up appointment and to provide copies of pertinent medical records as necessary. A complete health history will be obtained at the time of your first visit.

**YOUR SIGNATURE IS MANDATORY!  
YOU WILL BE UNABLE TO REGISTER IF YOU FAIL TO  
COMPLETE, SIGN AND RETURN THIS FORM TO USF STUDENT  
HEALTH SERVICES.**

Medical Consent (for minors): I grant permission for emergency medical treatment including immunizations and hospitalization to be rendered to my minor child.

Parent/Guardian Signature	Date
---------------------------	------

For office use only:

**All documents submitted become the property of USF and will not be returned to the sender or forwarded to another institution.**

**ANY DOCUMENTATION LISTED BELOW MUST BE SIGNED BY A PHYSICIAN OR AUTHORIZED HEALTH CARE PROVIDER AND ACCOMPANIED BY AN OFFICE STAMP.**

INCOMPLETE FORMS WILL NOT BE ACCEPTED!

Month	Day	Year
-------	-----	------

**Rubella**  
(German Measles)

**MMR (Measles-Mumps-Rubella)** may be given instead of individual immunizations.

First MMR			Second MMR		
Month	Day	Year	Month	Day	Year

Physician/Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Office Address Stamp \_\_\_\_\_

**Positive titers** (IgG blood tests) may also be submitted as proof of immunity in lieu of vaccinations. Copies of lab results **must** accompany this form.

Rubeola Titer (Measles)			Rubella Titer (German Measles)		
Month	Day	Year	Month	Day	Year

## RESIDENCY STATUS

USF is required to obtain documentation of 12 months legal residence and physical presence before a student can be classified as a Florida resident for tuition purposes. Any student seeking reclassification from non-Florida to Florida residency is required to file the Request for Change of Residency Status form (Form 4) and submit supporting documents to the Registrar's Office no later than the fifth day of classes in the term for which reclassification is sought. This form can be obtained from the Registrar's Office. All documentation to prove residency must be dated at least one year prior to the first day of classes for the semester which the residency change is submitted. The more common documents accepted as evidence for purposes of establishing residence are:

Florida Driver' License

Florida Vehicle Registration

Florida Title

Florida Voter's Registration

Proof of purchase of permanent home in Florida

**NOTE:** In determining residency classification, students are either *independent students* (students more than 50% self supporting and not eligible to be claimed on a parent's federal income tax return) or *dependent students* (students, regardless of age, who provide less than 50% of their support *or* are claimed as dependents by their parents on their federal income tax return)

## STUDENT HEALTH SERVICES

### STUDENT CLINIC

The University Student Health Service (in Tampa) provides comprehensive health care for all students. Student Health Services functions as a walk-in clinic and maintains a day infirmary only. Students who are not registered for classes on the Tampa Campus will be charged a \$75 one time per semester fee to use this facility. This fee equates to the per credit hour fee that Tampa students have to pay and **is only charged when the facility is used**. It is very important to take your current validated ID card when you go.

### HEALTH INSURANCE

Student health insurance plans are available through USF. Insurance is mandatory for all International students, but optional for domestic students. An example of the type of health benefits available is shown on Form 5. Student dental and vision plans are also available. Information and brochures can be obtained at the Campus Activities Center (CAC 124), or by calling Tampa 974-5407. Additional information is also available on the web: [www.shs.usf.edu](http://www.shs.usf.edu)



## HEALTH INSURANCE REQUIREMENT FOR INTERNATIONAL STUDENTS

No international student in F-1, F-2, J-1, or J-2 non-immigrant status will be permitted to register or to continue enrollment at USF without demonstrating that he or she has adequate medical insurance coverage for illness or accidental injury. The insurance policy must include the following basic benefits:

- Coverage period: 52 continuous weeks.
- Basic Benefits: Room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient service, and outpatient customary fees paid at 80% of use usual, customary, reasonable (UCR) charge after deductible is met.
- Inpatient Mental Health Care: 50% of the usual and customary fees with a 30 day cap
- Outpatient Mental Health Care: Paid at 50% of the usual and customary fees with a \$100 cap.
- Maternity Benefits: Treated as any other temporary medical condition.
- Inpatient/Outpatient Prescription Medication: Offers coverage.
- Repatriation: \$7,500 coverage to return remains to his/her native country in the event of death.
- Medical Evacuation: \$10,000 Coverage to permit the patient to be returned to the home country for medical treatment
- Exclusionary for Pre-Existing Conditions: First six months
- Deductible: \$50 per occurrence if treatment is rendered at a State University System Student Health Center; \$100 per occurrence if treatment is not rendered at the Student Health Center.
- Aggregate Cap: \$200,000 per occurrence

Prior to registration, you must either (1) purchase the International Student Health Insurance provided by the University, or (2) submit the Insurance Agreement Form (Form 6) to the Student Health Services Center. If you do not purchase insurance through USF, you must submit (prior to the 5<sup>th</sup> day of classes) the International Student Health Insurance Compliance Form (Form 6). If these requirements are not met by the 5<sup>th</sup> day of classes your registration will be cancelled.

Only policies offered by insurers licensed and authorized to write health insurance by the Florida Department of Insurance will be accepted. The insurance policy and the premium rate should also have Florida Department of Insurance approval.

# FORM 4

UNIVERSITY OF SOUTH FLORIDA

## State University System of Florida Request for Change of Residency Status

OFFICE OF THE REGISTRAR

If you believe you qualify as a Florida resident for tuition purposes, complete this form, attach copies of all requested documentation, and submit the package **no later than the end of the first week of classes** in the term for which you seek reclassification. Original documentation must be available for review. Additional documentation other than what is described may be required by the University.

A Florida resident for tuition purposes is a person who has or a dependent person whose parent or legal guardian has established and maintained legal residence in Florida for at least 12 months. Other persons not meeting the 12 month legal residence requirement may be classified as Florida residents for tuition purposes in Florida only if they fall within one of the limited special categories authorized by the Florida Legislature and the Board of Regents. All other persons are ineligible for classification as a Florida "resident for tuition purposes".

### PLEASE NOTE:

- To qualify as a Florida resident for tuition purposes you must be a U.S. citizen, permanent resident alien, or a legal alien granted indefinite stay by the INS.
- Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes of the term for which reclassification is sought. All documentation is subject to verification.
- Living in or attending school in Florida will not in itself establish legal residence.
- Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents.
- Residence in Florida must be for the purpose of establishing a permanent home and not merely incident to enrollment at an institution of higher education.

### ATTACH COPIES OF DOCUMENTATION

- A copy of your and your parents' most recent tax return or other documentation may be requested to establish dependence/independence.

**DEPENDENT:** A person for whom 50% or more of his/her support is provided by another as defined by the IRS.

**INDEPENDENT:** A person who provides more than 50% of his/her support.

- |  |   |
|--|---|
| <p><input type="checkbox"/> I am an <b>independent person</b> and have maintained legal residence in Florida for at least 12 months.</p> <p><input type="checkbox"/> I am a <b>dependent person</b> and my parent/legal guardian has maintained legal residence in Florida for at least 12 months. (Required: Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)</p> <p><input type="checkbox"/> I am a <b>dependent person</b> who has resided for <b>five years</b> with an adult relative other than my parent/legal guardian, and my relative has maintained legal residence in Florida for at least 12 months. (Required: Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)</p> <p><input type="checkbox"/> I am <b>married to a person</b> who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home. (Required: Copy of marriage license, spouse's voter registration, driver license, and vehicle registration.)</p> <p><input type="checkbox"/> I was <b>previously enrolled at a Florida state institution</b> and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.</p> <p><input type="checkbox"/> According to the United States Immigration and Naturalization Service, I am a <b>permanent resident alien or other legal alien</b> granted indefinite stay and have maintained a domicile in Florida for at least 12 months. (Required: INS documentation and proof of residency status.)</p> <p><input type="checkbox"/> I am part of the <b>Latin American/Caribbean Scholarship program</b>. (Required: Copy of scholarship papers.)</p> | <p><input type="checkbox"/> I am a <b>member of the armed services</b> of the United States and I am stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida, or I am a member's <b>spouse or dependent child</b>. (Required: Copy of military orders or DD2058 showing home of record.)</p> <p><input type="checkbox"/> I am a full-time instructional or administrative employee of a <b>Florida public school, community college, or institution of higher education</b>, or I am the employee's <b>spouse or dependent child</b>. (Required: Copy of employment verification.)</p> <p><input type="checkbox"/> I am a qualified beneficiary under the terms of the <b>Florida Pre-Paid Post-Secondary Expense Program</b>, S.240.551, F.S. (Required: Copy of card.)</p> <p><input type="checkbox"/> I am <b>living on the Isthmus of Panama</b> and have completed 12 consecutive months of college at the FSU Panama Canal Branch, or I am the student's <b>spouse or dependent child</b>. (Required: Copy of marriage license or proof of dependency.)</p> <p><input type="checkbox"/> I am a <b>Southern Regional Education Board's Academic Common Market</b> graduate student. (Required: Certification letter from State Coordinator.)</p> <p><input type="checkbox"/> I am a full-time <b>employee of a state agency or political subdivision of the state</b> whose student fees are paid by the state agency or political subdivision for the purpose of job-related <b>law enforcement or corrections training</b>. (Required: Copy of employment verification.)</p> <p><input type="checkbox"/> I am a <b>McKnight Fellowship</b> recipient. (Required: Verification from graduate studies.)</p> |
|--|---|

### Person claiming residency should complete this section in full.

Term for which residency change is requested: \_\_\_\_\_ (If request is denied, a new application must be submitted to reapply.)

Name of Student \_\_\_\_\_ SSN \_\_\_\_\_

Student's Permanent Address (Street/City/State/Zip Code) \_\_\_\_\_

Student's Telephone Number \_\_\_\_\_ Student's Birth date \_\_\_\_\_

Name of person claiming Florida residency \_\_\_\_\_ Relationship to Student \_\_\_\_\_

### AFFIDAVIT STATE OF FLORIDA

I, \_\_\_\_\_, being first duly sworn, do hereby swear or affirm that I have been or will be a Florida resident and domiciliary for the preceding 12 months. Florida is my true, fixed and permanent home and place of habitation. Florida is the state where I live, remain, and to which I expect to return when I leave. As evidence of my intention to make Florida my permanent home, I have supplied certain documents which show that I began establishing my domicile at least 12 months ago or that I qualify under the exception provision checked above.

I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statute.

\_\_\_\_\_  
Signature of the claimant in ink

\_\_\_\_\_  
Date

**NOTE:** Any associated fees for the term in which you seek residency must be paid no later than the end of the fifth day of the first week of classes. If Florida status is approved, you may contact the Office of Finance & Accounting for a refund.

OFFICE USE ONLY	Action Taken	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	Effective _____, 20____
	By _____	Date _____	Residency Code _____	

## FORM 4 (cont.)

If student is under 25 years of age, list parents' complete name and address:

Name: Last First Middle

Street Address

City State Zip Code

If parents reside outside the state of Florida, proof of the student's independent/dependent status must be provided. Such proof might include most recent tax returns, proof of student's personal income, affidavits, etc..

### DOCUMENTATION

#### CLAIMANT:

Indicate which of the following are applicable, describe documentation, note issue or effective dates, states of origin or location and attach photocopies where appropriate.

1. Home/property Ownership: \_\_\_\_\_

2. Professional/Occupational License: \_\_\_\_\_

3. Employment/permanent Job Officer: \_\_\_\_\_

4. Organizational Membership: \_\_\_\_\_

5. Family Ties: \_\_\_\_\_

8. Incorporation: \_\_\_\_\_

9. Residence during periods of non-enrollment: \_\_\_\_\_

10. Voter's Registration: \_\_\_\_\_

11. Declaration of Domicile: \_\_\_\_\_

12. Vehicle Registration: \_\_\_\_\_

13. Driver's License: \_\_\_\_\_

14. Exceptional Category Documentation (e.g. marriage license, military orders, etc.): \_\_\_\_\_

15. Resident Alien Number: \_\_\_\_\_

16. Any other documents or circumstances you feel relevant in determining your residency classification: \_\_\_\_\_

# FORM 5

## SCHEDULE OF BENEFITS

<b>INPATIENT BENEFITS</b>	<b>In-Network</b>	<b>Out-Of-Network</b>
Hospital Expenses	100% of Allowable Charges	80% of R+C up to \$1100 per day
Physiotherapy	100% of Allowable Charges	80% of R+C
Surgeon's Fees	100% of Allowable Charges	80% of R+C
Assistant Surgeon	100% of Allowable Charges	80% of R+C
Anesthetist	100% of Allowable Charges	80% of R+C
Registered Nurse's Services	100% of Allowable Charges	80% of R+C
Doctor's Visits	100% of Allowable Charges	80% of R+C
Pre-admission Testing	100% of Allowable Charges	80% of R+C
Psychotherapy	100% of Allowable Charges \$5,000 policy year max	80% of R+C \$5,000 policy year max
<b>OUTPATIENT BENEFITS</b>		
Surgeon's Fees	100% of Allowable Charges	80% of R+C
Day Surgery Miscellaneous	100% of Allowable Charges \$5,000 max	80% of R+C \$5,000 max
Anesthetist	100% of Allowable Charges	80% of R+C
Doctor's Visits	100% of Allowable Charges	80% of R+C
Child Health Supervision Services	<b>Paid per Child Health Assurance Benefits</b>	<b>Paid per Child Health Assurance Benefits</b>
Tests and Procedures	100% of Allowable Charges	80% of R+C
X-Ray & Laboratory	100% of Allowable Charges	80% of R+C
Physiotherapy	100% of Allowable Charges	80% of R+C
for a condition that required surgery or Hospital Confinement: 1) within 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Doctor's release for rehabilitation		
Injections	100% of Allowable Charges	80% of R+C
Prescription Drugs	\$20 co-pay generic/\$35 co-pay name brand \$500 max per injury or sickness	\$20 co-pay generic/\$35 co-pay name brand \$500 max per per injury or sickness
Prescription drugs dispensed at SHS for covered services are paid at 100%. Birth Control Pills will be covered only when dispensed at Student Health Services. Prescriptions for Allergy treatment dispensed at SHS are paid at 100% and only prescriptions for Allergy treatment written by SHS will be covered under the prescription benefit.		
Radiation Therapy & Chemotherapy	100% of Allowable Charges	80% of R+C
Psychotherapy	100% of Allowable Charges up to \$50 day \$500 max lifetime benefit	50% of Allowable Charges up to \$50 day \$500 max lifetime benefit
Medical Emergency Expenses	100% of Allowable Charges	80% of R+C
<b>OTHER BENEFITS</b>		
Consultant Physician Fees	100% of Allowable Charges	80% of R+C
Ambulance Services	100% of Allowable Charges up to \$250 per trip	80% of R+C up to \$250 per trip
Braces and Appliances	100% of Allowable Charges	80% of R+C
Dental Treatment (injury to sound natural teeth)	100% of Allowable Charges	80% of R+C
Mammography	100% of Allowable Charges (one per year)	80% of R+C (one per year)
Elective Abortion	100% of Allowable Charges up to \$150 policy year max	80% of R+C up to \$150 policy year max
Maternity	100% of Allowable Charges	80% of R+C
Complications of Pregnancy	100% of Allowable Charges	80% of R+C
Routine Well-Baby Care (while hospital confined)	100% of Allowable Charges	80% of R+C
Cat Scan/MRI	100% of Allowable Charge up to \$1500 max	80% of R+C up to \$1500 max
Alcoholism/Drug Abuse	<b>Paid under psychotherapy</b>	<b>Paid under psychotherapy</b>
Allergy Treatment covered at SHS only. (Allergy testing is excluded)		
Annual Gynecological Exam and Pap Smear covered at SHS only.		
One Annual Physical (as defined by SHS) covered at SHS only.		

# FORM 5 (cont.)

**CCN** University of South Florida

**Insured (Name of Student)**  
If a premium has been paid, the Student whose name appears above has been insured under a Policy issued to:

**Detach and Retain for your records**  
**2001-2002 Identification Card**  
**The Guardian Life Insurance Company of America**  
**Student Insurance - Policy Number GDH3592942**

Underwritten by:

**The Guardian Life Insurance Company of America**  
**Policy # GDH3592942**

**University of South Florida- 2001-2002**  
**INSURANCE ENROLLMENT CARD**



Student's Name

\_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ SS# \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_  
Month Date Year Male or Female

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
Street City State Zip

PIN NUMBER - Please choose any four digit number and enter it in the boxes provided. You may use this number to access your account information and your claims information from the "Check Account" page on the Pearce & Pearce, Inc. website- www.studentinsurance.com. Keep this PIN Number in a secure place.

	Annual Premium 08/20/01 - 08/19/02	Monthly - 08/20/01-08/19/02 Initial Monthly	Fall Premium 08/20/01 - 01/06/02	Spring Premium 01/07/02-05/12/02	Summer Premium 05/13/02-08/19/02
Student	<input type="checkbox"/> \$520.00	<input type="checkbox"/> \$135.00 \$45.00	<input type="checkbox"/> \$201.00	<input type="checkbox"/> \$181.00	<input type="checkbox"/> \$143.00
Spouse	<input type="checkbox"/> \$1,542.00	<input type="checkbox"/> \$390.00 \$130.00	<input type="checkbox"/> \$590.00	<input type="checkbox"/> \$534.00	<input type="checkbox"/> \$423.00
Each Child	<input type="checkbox"/> \$617.00	<input type="checkbox"/> \$159.00 \$53.00	<input type="checkbox"/> \$237.00	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$170.00

I have carefully read the brochure and elect to enroll as indicated below. Rates are not pro-rated other than as listed below. My remittance in the amount of \$ \_\_\_\_\_ is enclosed. Payment by \_\_\_\_\_ check or \_\_\_\_\_ money order. You must complete reverse side and follow instructions listed below.

Spouse and Dependent Children must purchase the same plan and choose the same payment option as the Student. Spouse and Child(ren) premiums are IN ADDITION to Student Premium. Premium must be submitted with this enrollment card. Make check payable to The Guardian Life Insurance Company and return along with this form to Pearce Administration, PO Box 2270, Florence, SC 29503. First monthly payment due by 10/20/01.  
Enrollment Periods are LIMITED. Please read your Student Insurance brochure for important enrollment information.

## FORM 6



### STUDENT HEALTH SERVICES

4202 E. Fowler Ave, SHS 100, Tampa, FL 33620-6750

Phone: (813) 974-5407 Fax: (813) 974-8910

e-mail: insurance@shs.usf.edu

#### FOR OFFICE USE ONLY:

SI Hold Override: \_\_\_\_\_

Amount Charged: \_\_\_\_\_

Paid: YES NO Date: \_\_\_\_\_

Entered in Database: YES NO

Comments: \_\_\_\_\_

### INSURANCE AGREEMENT

Social Security Number:    -

\_\_\_\_\_  
Last /Family Name

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of Birth

This form is designed to assist international students in complying with the guidelines established by the Board of Regents on 8/20/96 regarding mandatory health insurance for international students and exchange visitors. ***The USF institutional policy requires that all non-United States Citizens or non-United States Permanent Residents shall only be permitted to register or continue enrollment at USF by demonstrating that they have adequate medical coverage for illness or accidental injury.***

Please check only ONE of the following:

☐ I will pay for the Guardian Life Insurance premium of \$520.00 by the 5<sup>th</sup> day of the term. I understand that failure to do so will result in the cancellation of my registration.

☐ I am currently enrolled in an alternate policy and understand that I must supply a completed USF compliance form to the USF Student Insurance Office. Failure to do so by the 5<sup>th</sup> day of the term will result in the cancellation of my registration. Furthermore, if my alternate policy is inadequate upon review of the compliance form, I have an obligation to either:

1. Pay for the premium of \$520.00 for Guardian Life Insurance, or
2. Pay for the Repatriation & Medical Evacuation Rider of \$30.00 to adequately supplement my existing health insurance policy, or
3. Enroll in an adequate alternate medical insurance.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
USF Insurance Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



Student Health Services-International Student Health Insurance Compliance Form  
4202 E. Fowler Ave, SHS 100-Tampa, FL 33620-6750-Phone: (813) 974-5407-Fax: (813) 974-8910-e-mail:

THIS SECTION IS TO BE COMPLETED BY THE STUDENT

Social Security Number

--	--	--	--	--	--	--	--	--	--

Last/Family Name \_\_\_\_\_ First/Given Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Subscriber/Insurance ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

The USF Institutional policy requires that all non-United States Citizens or non-United States Permanent Residents shall only be permitted to register or continue enrollment at USF by demonstrating that they have adequate medical coverage for illness or accidental injury. USF makes a policy available that meets the minimum standards of required coverage. If you wish to purchase an alternate policy, you must provide proof that the proposed policy provides benefits at least equal to those required by the State of Florida.

**Instructions to the Student:** Ask your insurance company representative to complete this form and either fax it or mail it to the number or address on the top of this form.

**Release Information:** I hereby permit my insurance company to release the following information to the Student Insurance Office at the Student Health Services. I also understand the International Insurance requirements established by the State of Florida and agree to abide by them. I further understand that alternate insurance policies are approved for limited periods not exceeding one year and that requirements for alternate policy coverage are subject to change. Therefore, I must have my policy reviewed at the end of the approval period indicated below.

If an alternate insurance is not approved, I understand that this does not mean that USF, or any of its employees recommend that I cancel any existing, pending or proposed insurance coverage. A denial only indicates that the policy presented does not meet the minimum guidelines established by the Board of Regents.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Approved: YES NO

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

THIS SECTION IS TO BE COMPLETED BY THE INSURANCE COMPANY

Insurance Company Name \_\_\_\_\_ Effective Date \_\_\_\_\_ Termination Date \_\_\_\_\_

U.S. Claims Agent Address \_\_\_\_\_ Phone \_\_\_\_\_

For items 1-11, please circle Y for YES on every benefit that either meets or exceeds the stated amount of coverage. Circle N for NO for every benefit not covered or that does not meet the stated amounts of coverage. Explanations of all N responses are requested.

- Y N 1. Coverage period: 52 continuous weeks
- Y N 2. Basic Benefits: Room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services and outpatient fees paid at 80% of usual, customary, and reasonable (UCR) charges after deductible is met
- Y N 3. Inpatient Mental Health Care: Paid at 50% of the UCR with a 30-day cap
- Y N 4. Outpatient Mental Health Care: Paid at 50% of the UCR with a \$100 cap
- Y N 5. Maternity Benefits: Treated as any other temporary medical condition
- Y N 6. Prescription Medication: Inpatient and outpatient coverage offered
- Y N 7. Repatriation: \$7500 (coverage to return remains to the home country)
- Y N 8. Medical Evacuation: \$10,000 (to permit the patient to be accompanied by an escort if directed by the physician in charge)
- Y N 9. Pre-existing Conditions: Are they excluded? Y N  
If yes, are they excluded for more than six months? Y N
- Y N 10. Deductible: \$50 per occurrence if treatment is rendered at a State University/System Student Health Center. \$100 per occurrence elsewhere.
- Y N 11. Aggregate Cap: \$200,000 for covered injuries/illness per individual student
- Comments: Please indicate any additional comments regarding the policy.

**To the Insurance Company Representative:** Please read and sign the following:  
I have verified that the information that is provided on this form is valid. I am asserting that the coverage indicated is currently effective and claims will be paid in U.S. funds.

Print Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_



## **I.D. CARDS**

All students, faculty and staff are required to purchase an ID card. ID cards are produced in the media center on the 2<sup>nd</sup> floor of the library. There is \$10.00 charge (paid for at the Cashier's Office) for the original ID; replacements are \$5.00.

## **REFUND OF FEES**

A Refund Request form (Form 7) must be completed and presented to the Accounts Receivable Department in the Division of Finance and Accounting to initiate the refund process. A two-week waiting period is observed for each refund in the event a check is returned.

- 100% of registration fees and tuition will be refunded if notice of withdrawal from the University is approved prior to the end of drop-add period and written documentation is received from the student.
- 25% of registration fees and tuition paid, less building and capital improvement fee, will be refunded if notice of withdrawal from the University is approved prior to the end of the fourth week of classes and written documentation is received from the student.
- 100% of registration fees and tuition will be refunded when a student withdraws or drops a course due to circumstances determined by the University to be exceptional and beyond the control of the student.
- Students who receive financial aid and subsequently change their enrollment status which results in a refund in accordance with this subsection, may have all or a portion of their refund returned to the University's financial aid programs in accordance with the Financial Aid Policy on Refunds and Repayments.

## **VEHICLE REGISTRATION**

To park in any area owned and maintained by the University one must register their motor vehicle with the campus Parking Services Department, Division of Public Safety for an either annual or per term fee. (Form 8). Yearly fees for students registering after the first semester will be pro-rated.



# FORM 7

UNIVERSITY OF SOUTH FLORIDA  
Division of Finance and Accounting  
Cash Collections - ADM 106

## REFUND REQUEST

Social Security Number \_\_\_\_\_

MAIL CHECK TO:

Last Name	First Name	MI
Street Address		
City	State	Zip

\_\_\_\_\_ Date

Refund Requested \$ \_\_\_\_\_

Refund Requested for Term

Fall, Spring, Summer (A B C), 19 \_\_\_\_\_  
(please circle one)

### REASON FOR REFUND:

Drop/Add \_\_\_\_\_ Administrative Change \_\_\_\_\_ Other \_\_\_\_\_

Withdrawal: 1st Week - 100% \_\_\_\_\_ 2nd to 4th Week \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

DO NOT WRITE BELOW THIS LINE

Department Number \_\_\_\_\_

Approved Signature \_\_\_\_\_

Revenue Code \_\_\_\_\_

CASH RECEIPT

REFUND

REF. #

DATE

AMOUNT

Remarks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

USF 3104-03/94

# FORM 8

For office use only  
A/C #:

## USF Parking & Transportation Services

### Student Vehicle Information

[-----Please Complete In Ink-----]

For office use only  
PERMIT #:

#### CUSTOMER

Last Name  First Name   
 Social Security Number  -  -   
 Driver's License Number  -  -  -  -   
 Status (check one): ☐ Student (I am not a full time or permanent staff) ☐ Other \_\_\_\_\_

#### HOME ADDRESS

Street   
 City  State  Zip Code  -   
 Telephone (  )  -  Cell/Pager (  )  -

#### VEHICLE

State  License Plate  Vehicle Year   
 Make / Manufacturer  (e.g., Ford, Jeep, Chevrolet)  
 Color: (check one) ☐ Black ☐ Blue ☐ Brown ☐ Green ☐ Gray ☐ Gold ☐ Orange  
☐ Purple ☐ Red ☐ Yellow ☐ White ☐ Teal ☐ Tan ☐ Burgundy  
 Body Style: (check one) ☐ 2-door ☐ 4-door ☐ Hatchback ☐ Sport Utility  
☐ Van/Minivan ☐ Truck/Pick-up ☐ Motorcycle ☐ Convertible

#### PERMIT

Type: (check one) ☐ Non-Resident (I live OFF campus) ☐ Resident (I live ON campus)  
☐ Zone 32 ( If available ) ☐ Park-n-Ride (Lots 18 & 43 ONLY)  
 Duration: (check one) ☐ Year ☐ Semester ☐ Monthly ☐ Other \_\_\_\_\_  
 Style: (check one) ☐ Hang Tag ☐ Adhesive (Open Vehicles ONLY with Vehicle Registration - Annual ONLY)  
 Home Campus: ☐ Tampa ☐ St.Pete ☐ Sarasota ☐ Lakeland

#### PAYMENT

Check the appropriate box and include all appropriate information Total Amount Enclosed: \_\_\_\_\_  
☐ Cash (Please, do not send cash in the mail)  
☐ Check/Money Order: (payable to USF) Check Number: \_\_\_\_\_  
☐ Credit Card: ☐ Visa ☐ Master Card Expiration Date:  /   
 Credit Card Number:   
 Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

All information provided to the University of South Florida on this document is accurate and complete and I understand fines and penalties may be assessed for misrepresentation. Receipt of this permit acknowledges my acceptance of responsibility for all violations associated with this permit and compliance with University parking policies and guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 6/00

## **FINANCIAL SUPPORT AND TUITION WAIVERS**

### **ASSISTANTSHIPS**

To be eligible to obtain a graduate research or teaching assistantship a student must be degree-seeking and be enrolled each fall and spring semester for nine credit hours and during the summer term for a minimum of six credit hours. Teaching assistantships vary depending on are for 20 hours/week or 10 hour/week. Most assistantships are now 10 hours/week. Under certain circumstances however, students may be permitted to work up to 40 hours per week.

If a student is registered for five credits or more (i.e. greater than half time), no FICA (Federal Income Tax) is taken out of the students' paycheck. If a student registers for four credits or fewer, FICA taxes will be deducted from the biweekly pay.

### **TUITION WAIVERS**

The Florida Legislature provides limited funds for graduate tuition waivers. These waivers partially reduce a student's in-state and/or out-of-state fees by approximately 80-90%. They may be awarded to graduate research or teaching assistants (or associates) appointed to work at least 10 hours a week. Tuition waivers are awarded by the Graduate School through the student's academic college. Students supported on university/college graduate assistantships are given first priority by the University for tuition waivers. Students supported on research grants are given second priority. If tuition waiver funds are still available, unsupported students will then be considered for these awards.

**NOTE:** There have not been tuition waiver funds available to support grant supported or unsupported students for the past several years.

## **TUITION EXPENSES FOR GRADUATE ASSISTANTS PAID FROM RESEARCH GRANTS**

The procedure for processing payment of tuition from grant accounts is as follows: During the registration period each term, but well before the deadline for tuition payment, accountable officers (faculty) who have appointed graduate assistants on research grants need to give a letter (Form 9) to the Office of Sponsored Programs at the St. Petersburg Campus, which includes the following information:

- Student(s) name
- Social Security Number(s)
- # of credit hours for each student
- Amount to be paid from the grant for each student
- Grant Account Number
- Registration Fees statement and course schedule must also be attached to this letter

If the payment is being made from a grant the student should hand carry this letter to Sponsored Programs for their signature. The student must then take a copy of this letter to the Cashier's Office (Bayboro Hall 132) to be processed **before the payment deadline**. Failure to provide a copy of this letter to the Cashier's Office may result in cancellation of the students' registration; thereby requiring reinstatement at a later date. The original tuition payment letter is submitted to the appropriate USF office by Sponsored Programs after they have signed it.

## **STUDENT LOAN OFFICE**

The Office of Financial Aid administers the College Work Study Program as well as several loan programs. In addition, there is a Scholarship Library which allows students to access information on private sources of funding through computerized databases, as well as source books.

Students interested in loans or work study should apply as soon as possible after January 1, each year for the coming academic year, which starts in August. Programs that are awarded by the Office of Financial Aid have limited funds, and are awarded on a priority basis.

Application packets are available at the Office of Financial Aid (Bayboro Hall 108; 553-4128). The need analysis form, included in the packet, serves as an application for work study as well as campus-based loans. There are separate application packets for other loans, the Stafford Loan and the Supplemental Loan for Students (SLS), programs in which an outside lender provides the funding, but USF determines the eligibility.

More comprehensive information regarding these programs, including details for applying and qualifying, can be found in the Information Bulletin found in the packet with the need analysis, and also in the separate loan packets, or by contacting the Office of Financial Aid. Counselors are available to answer questions, provide information and assist in understanding the application process.

## FORM 9

UNIVERSITY OF SOUTH FLORIDA  
College of Marine Science  
140 Seventh Avenue South  
St. Petersburg, Florida 33701

### MEMORANDUM

DATE: 11 September 2001

TO: Office of Sponsored Programs

FROM: (Faculty Member), phone #, MSL #

SUBJECT: Tuition payments for students from grants per grants

Please arrange and approve tuition payments for my 4 students as follows:

Student #1	SS# 632-54-4786	Grant #7569-325-K5	9 Credits	\$950.13
Student #2	SS# 236-15-4030	Grant #0056-106-A1	9 Credits	\$950.13
Student #3	SS# 203-85-0246	Grant #4589-302-B8	9 Credits	\$950.13
Student #4	SS# 785-02-6302	Grant #1250-643-V9	9 Credits	\$950.13

Attached are their Registration Fees statements. Thank you.

ESV:jk

Attachments

## **ACADEMIC DETAILS**

### **STUDENT CONDUCT**

Self-discipline and sensitivity to the rights of others are the principal elements of University discipline. USF reserves the right to deny admission or refuse enrollment to students whose actions are contrary to the purposes of the University or impair the welfare or freedom of other members of the University community. Any action or the aiding, abetting, or inciting of any action which is in violation of the University's Student Conduct Code and/or University Policy constitutes an offense for which students may be subject up to and including suspension. Any act that constitutes a violation of public laws at the University will establish cause for additional legal action.

University disciplinary procedures afford students all rights of due process required for disciplinary matters. These include: being informed in writing of the formal charges; being given three working days to respond to the charges; having the choice of asking for an informal hearing; being provided a copy of the hearing procedures; being permitted to present evidence; and being given the opportunity to cross-examine any witness. Due process procedures are discussed in detail in the USF Graduate Catalog which is now available on line.

Any form of cheating on examinations or plagiarism on assigned papers constitutes unacceptable behavior. Disruption of the classroom or teaching environment is also unacceptable. These offenses are defined in detail in the USF Graduate Catalog. Punishment for these behaviors may include anything from assigning a failing grade in the class to expulsion from the University.

University and College computer systems are to be used for academic purposes only. Access to the computer facilities is provided to allow the proper and reasonable use of University resources. The computer system is not to be used for non-academic purposes or for downloading, storing, or transferring any material prohibited under law or considered non-academic. If, in the course of routine system monitoring, improper use of the computer facilities is discovered, disciplinary action will be taken. For students, this disciplinary action may include expulsion from the University depending upon the seriousness of the infraction.

## ACADEMIC STANDARDS

Graduate students must maintain an overall grade point average of 3.0 ("B") in all courses. No grade below "C" will be accepted toward a graduate degree, but all grades will be counted in computing the overall average. All core courses taken in the College of Marine Science must be completed with a grade of "B" or better. Any student who is not in good standing at the end of a semester shall be placed on probation. A letter will then be provided to the student that outlines the steps and time frame required to be removed from probation. At the end of the probationary semester the department shall recommend to the college dean: (1) removal of probation, (2) continued probation or (3) dismissal from the degree program.

## GRADING SYSTEM

Academic achievement is based on the following grading system:

- A - Superior performance
- B - Average performance
- C - Below Average performance
- D,F – Failure
- I - Incomplete

Directed research (Masters: OCE 6972; Ph.D.: OCE 7910) is designated variable credit and is graded on an S/U (satisfactory/unsatisfactory) basis. Thesis (Masters: OCE 6971) and Dissertation (Doctoral: OCE 7980) courses are also variable credit and are graded on a Z/U basis only. The "Z" grade indicates continuing registration in thesis/dissertation courses. Upon satisfactory completion of the thesis/dissertation the final grade assigned will be an "S".

An "I" grade may be awarded at the discretion of the instructor only when the student is otherwise earning a passing grade and only if the incomplete is due to the omission or fault of the student. Students are advised to initiate a written contract for incomplete grades. The contract should include a description of the work to be completed, the date by which the work is to be submitted, and should be approved and signed by the course instructor. Until removed, the "I" is not computed in the grade point average. If not removed after two terms (including summer), "I" grades will be converted to "IF" (Incomplete-Fail). Students do not re-register for courses in which they are only completing previous course requirements to change an "I" grade. If a student wants to audit a course for review in order to complete course requirements, full fees must be paid. **All "I" grades must be removed before graduation.**



## CHANGE OF GRADE

If for some reason a student's grade must be changed, the instructor of the course will fill out a Change of Instructor's Grade Form (Form 10) available in the Academic Affairs Office, which will be signed by the Instructor and the Director of Academic Affairs and then submitted to the Office of the Registrar. The changing of a grade must be worked out between the instructor and the student and must be supported by good cause.

## STUDENT PROGRESS REPORT

All students, as part of their degree requirements, should submit a progress report to the Curriculum Committee **prior** to graduation and **after** their defense. There are separate forms for Masters and Ph.D. students (Forms 11 and 12). These forms can be picked up from the Academic Affairs Office and the completed forms can be returned to the Chairperson of the Curriculum Committee. Before submitting the report, the student will have it endorsed by his/her major professor or temporary advisor.

It is expected that the report will be an informative summation of accomplished work and/or future plans and not an exhaustive and detailed account of research progress. **It is the responsibility of the students to initiate this progress report.**

# FORM 10

UNIVERSITY OF SOUTH FLORIDA

OFFICE OF THE REGISTRAR

## CHANGE OF INSTRUCTOR'S GRADE

**INSTRUCTORS:** FORWARD THIS FORM TO THE REGISTRAR, **AFTER** THE CHAIRMAN OR DIRECTOR HAS SIGNED IT.

*NOTE: This form should be used to change a grade already assigned or assign a grade after Instructor Grade Sheets have been processed for the term.*

**PLEASE CHANGE THE GRADE OF THE FOLLOWING NAMED STUDENT:**

SOCIAL SECURITY NUMBER	LAST NAME	FIRST	MIDDLE
6-14			

IN COURSE \_\_\_\_\_ DEPT \_\_\_\_\_ PFX \_\_\_\_\_ NO \_\_\_\_\_ SEC \_\_\_\_\_ COURSE TITLE \_\_\_\_\_ CREDITS \_\_\_\_\_

**GRADE**

**FROM**

**TO**

*(if none assigned, code NA)*

COURSE ORIGINALLY TAKEN \_\_\_\_\_ 19 \_\_\_\_\_

TERM

REASON \_\_\_\_\_

INSTRUCTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CHAIRMAN OR DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY:

#### GRADE CHANGE

RPT BREAK	CARD CODE	ACT CODE	ITEM NO.	SEG. TYPE	SEQ. NO.	PFX	NUMBER	O I	SEC. NO.	COURSE TITLE	CREDITS	GRADE
	PS			005								
	PS			005								
	PS			005								
1-2	3-4	5	15-17	18-20	21-22	23-25	26-29	30	31-33	34-49	50-52	53-54

#### PROBATION

RPT BREAK	CARD CODE	ACT CODE	ITEM NO.	SEG. TYPE	SEQ. NO.	PROBATION CODE
	PS			006		
	PS			006		
	PS			006		
1-2	3-4	5	15-17	18-20	21-22	23-25

#### PROCESSING RECORD

RCOG TO CRC \_\_\_\_\_  
INITIAL & DATE

RCOG FROM CRC \_\_\_\_\_

WHITE-Registrar, HALF COPY-Student, GOLDENROD-Registrar's Validating Copy, YELLOW-Chairman/Director, PINK-Instructor

## **FORM 11**

USF College of Marine Science  
Master's Degree Student Progress Report  
(Due after Defense prior to Graduation)

1. Name:
2. Date of initial enrollment:
3. Permanent major advisor assigned (date & name):
4. Thesis advisory committee appointed (date & names):
5. Thesis proposal approved (date & title):
6. Core courses completed (date):
7. Thesis successfully defended (date & title):
8. Final draft of thesis approved and signed by committee (date):
9. Graduation date:

**Please provide the following:**

- A list of published Abstracts from Presentations made by you at any National and International Meetings and any refereed papers for publication.
- Your advisor's endorsement of this progress report.

**FORM 12**  
USF College of Marine Science  
Ph.D. Degree Student Progress Report  
(Due after Defense and prior to Graduation)

1. Name:
2. Date of initial enrollment:
3. Permanent major advisor assigned (date & name):
4. Dissertation advisory committee appointed (date & names):
5. Dissertation proposal approved (date & title):
6. Core courses completed (dates & courses):
7. Comprehensive examination passed (date):
8. Dissertation successfully defended (date & title):
9. Final draft of dissertation approved and signed by committee (date):
10. Anticipated Graduation date:

**Please provide the following:**

- .
- A list of published Abstracts from Presentations made by you at any National and International Meetings and any refereed papers for publication.
- Your advisor's endorsement of this progress report.

## **PERFORMANCE OF STUDENTS**

The student's M.S. or Ph.D. committee shall review the performance of the student in coursework, research and general progress toward the degree. Grounds for concern about a student's status by the faculty are as follows:

- Any grade lower than "B" in a core course. Although a "C" grade cannot be changed, a retake of the course with attainment of a "B" grade will normally fulfill the requirement.
- More than one "C" in core courses.
- Any report to the Curriculum Committee from the advisor, major professor, or any faculty member, indicating dissatisfaction with the student's progress.

Should the Curriculum Committee recommend that a student be dismissed or that status as a degree candidate be changed, such action is subject to the CMS Director of Academic Affairs' approval. Students are reminded of the Graduate School regulation stating that for graduation an average of "B" in all work taken is required, except for courses taken as entrance deficiencies or approved for no program credit prior to registration for the course.

## **GRIEVANCE PROCEDURE**

To assure students the right to redress of academic grievances, any student may file a question or complaint in the Graduate School, in person or in writing. The Graduate Dean may refer the complaint to the student's college. Students should always attempt to resolve their problems and exhaust all remedies at the college level before bringing an official grievance to the Graduate School. Students may also seek the assistance of the Student Advocate located in ADM 151.

## **TRANSFER CREDIT**

Transfer of credit from another regionally accredited school is limited to 8 semester hours or 3 courses. All transferred credit must (1) be approved by the college concerned and the student's committee, and (2) have been completed with grades of "B" or better.

A maximum of 12 semester hours may be transferred if they are taken as a USF non-degree seeking student. The Graduate Transfer Courses form (Form 13) can be picked up in the CMS Office of the Academic Affairs, and the completed form should be returned to that office.

## **COPYING PRIVILEGES**

Degree-seeking students enrolled for classes in the College of Marine Science are entitled to 500 free copies per year. These copies are intended for academic purposes only. Any abuse of this system will result in forfeiture of these privileges. For additional copies there will be a charge of 5 cents per page. Further details on how to make use of these copying privileges can be obtained from the receptionist.

**FORM 13**

UNIVERSITY OF SOUTH FLORIDA

**OFFICE OF THE REGISTRAR**

## GRADUATE TRANSFER COURSES

(Date)

LAST NAME	FIRST	M.I.
-----------	-------	------

SOCIAL SECURITY NUMBER

ADMITTED TO GRADUATE PROGRAM	FALL SEMESTER	19_____
	SPRING SEMESTER	19_____
	SUMMER TERM	19_____

COLLEGE/DEPARTMENT

**ACCEPTED COURSES:**

[illegible]

<b>ADVISOR/DEPARTMENT SIGNATURE</b>	<b>DATE</b>
-------------------------------------	-------------

<b>DEAN/DIRECTOR SIGNATURE</b>		<b>DATE</b>
--------------------------------	--	-------------

**PLEASE NOTE:**

1. Maximum of 12 Sem. Hrs. transferred, taken as a USF NON-DEGREE STUDENT.
2. Maximum of 8 semester hours transferred from another graduate school, or 3 courses.
3. Transfer work must be posted to the student's Permanent Record no later than one full term prior to his graduation.

OFFICE USE ONLY	
DATE PROCESSED	_____
PROCESSED BY	_____

# ENROLLMENT REQUIREMENTS

## REGISTRATION REQUIREMENTS FOR GRADUATE STUDENTS

All degree seeking graduate students excluding students admitted to candidacy, must be enrolled at least one term (Fall, Spring, or Summer) during the previous 12 months. Students who have not enrolled in any of the last three terms will be dropped from their degree program.

Students who have been dropped may reapply to the University by submitting an Application for Reinstatement form (Form 14) available in the CMS Academic Affairs Office or on the Graduate School website.. Applicants will be subject to the admission criteria in effect at that time. The Application for Reinstatement must be endorsed by the CMS Director of Academic Affairs and approved by the Graduate School.

All students who are in a degree program (either M.S. or Ph.D.) must be registered for a minimum of 2 credits (excluding summer) or must formally apply for a leave of absence. Any student who has passed his/her qualifying exams must be registered for a minimum of 2 credits of dissertation (plus anything else they wish to take). Doctoral students who have completed all degree requirements, and have been admitted to candidacy, are required to accumulate a minimum of six credits during each previous 12 month period (previous 3 terms [Fall, Spring, Summer]) until the degree is granted. International students must register for a minimum of 9 credits each semester (fall and spring) to fulfill their visa requirements (at least until their qualifying exams have been passed). If you are supported by departmental funds (including the USF/USGS cooperative program), you are required to register for a minimum of 9 credits (for which you should be getting a tuition waiver). Exceptions may be granted to students who have completed all of the necessary requirements including 32 (for the M.S.) or 90 (for the Ph.D.) credits. These exceptions **may** be granted, although not necessarily. No student may register for dissertation credits (OCE 7980) until they have officially been admitted to candidacy (see below).

If it is necessary for a student to use USF resources (for example, personnel, faculty time, facilities, or the library), the student must be enrolled for a minimum of two credits. Any exception to this policy must have the prior approval of the College and the Graduate School. Students who fail to enroll for these credits will be placed on probation by the Graduate School.

To be removed from probation, the student must enroll for the deficient credits and an additional 3 credits in the very next semester. Students who do not fulfill probation requirements will be withdrawn from their graduate program. Students wishing to reapply to the University will be subject to the admission criteria in effect at that time.



# FORM 14



## Reinstatement of Admission Request Form Office of Graduate Admissions

4202 East Fowler Ave, FAO 100B | Tampa, Florida 33620-7915  
(813) 974-8800 | FAX (813) 974-7343 | Email: status@grad.usf.edu

INSTRUCTIONS: This request must be submitted *directly* to the program where the reinstatement of admission is being sought. For program locations, go online to <http://admissions.grad.usf.edu/programs.html>. Please fill out both pages *completely*; failure to do so will delay the processing of your request. DO NOT WRITE IN SHADED AREAS

### Student Information

Social Security Number: \_\_\_\_\_ Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Term of Entry: \_\_\_\_\_ College: \_\_\_\_\_\*

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

The following two questions **MUST** be answered\*:

Yes\_\_\_\_ No\_\_\_\_ Have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution?

Yes\_\_\_\_ No\_\_\_\_ Have you ever been charged with a violation of the law that resulted in probation, community service, a jail sentence, or the revocation or suspension of your driver's license (including traffic violations that resulted in a fine of \$200.00 or more)?

\*If you answer "yes" to either of these questions, you are required to submit a full statement of the relevant facts explaining the final disposition of the proceedings. If your records have been expunged pursuant to applicable law, you are not required to answer "yes" to these questions. If you are unsure whether you should answer "yes", we strongly suggest that you answer "yes" and fully disclose all incidents. By doing so, you can avoid risk of disciplinary action or revocation of an offer of admission.

*I certify that the information given above is complete and accurate and I understand that to make false or fraudulent statements within this reinstatement request may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned.*

**X**

Signature of Student Requesting Reinstatement

Date

(NOTE: This signature is required for processing)

DEPARTMENT RECOMMENDATION: \_\_\_\_\_ ADMIT \_\_\_\_\_ DENY

Comment or Justification for 10% Exception Admission: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

COLLEGE RECOMMENDATION: \_\_\_\_\_ ADMIT \_\_\_\_\_ DENY

Comment: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

GRADUATE STUDIES RECOMMENDATION: \_\_\_\_\_ ADMIT \_\_\_\_\_ DENY

Comment: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## LEAVE OF ABSENCE

If a student will not be registering during any semester (excluding summer), they must fill out a Leave of Absence request (Form 15) which can be obtained from the CMS Academic Affairs Office. It must be filled out by the student and signed by the student's major professor and the Director of Academic Affairs. A new Leave of Absence request must be filled out each semester. **This does not override the registration requirements that all students must be meet as listed in the preceding paragraph.**

**Form 15**

**COLLEGE OF MARINE SCIENCE**

University of South Florida

**LEAVE OF ABSENCE REQUEST**

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
Last First (Initial)

I hereby request a leave of absence for Semester \_\_\_\_ 20 \_\_\_\_ for the following reasons:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPROVED/DISAPPROVED:**

\_\_\_\_\_  
Major Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Director

\_\_\_\_\_  
Date

Cc: Student  
Student File  
Dean's Office

**Please fill out and have your Major Advisor approve leave; Submit to College Graduate Director.**

## COMMITTEE APPOINTMENTS

### APPOINTING A COMMITTEE

Upon entering the College of Marine Science, each Master's student is assigned a temporary academic advisor. The advisor will advise on any specific subject matter deficiencies and assist in the choice of a major professor and area of research. By the end of the second semester the student should choose a plan of advanced study, an area of research and a major professor (permanent advisor). In most cases, the temporary advisor will continue to serve as the permanent advisor with the student's consent. The choice of a different major professor must be by mutual consent. The major professor must be a CMS graduate faculty member with qualifications appropriate to the required level of supervision. In special cases, a co-advisor from outside CMS may be chosen to help direct a student's thesis. In this case, however, a co-advisor from within CMS must also be utilized. The student must then choose a Thesis Committee. **The Master's Committee, consisting of the major professor and at least two other members of the College of Marine Science or an area related to that in which the degree is sought,** will be chosen by the student and the major professor, and then approved by the CMS Director of Academic Affairs. All members of the committee must sign the Graduate Student Supervisory Committee Appointment Form (Form 16; available online) as soon as the committee is formed. In addition, **a CV (curriculum vitae) must be included for any member who is not from within USF.** This form should then be signed by the Director of Academic Affairs. Once a committee is appointed, the student should formulate a plan for the remainder of their Master's program.

Upon entering the College of Marine Science, each Ph.D. student is assigned a temporary academic advisor. When the student is ready to plan more advanced studies (normally before the end of the third semester), and is ready to choose an area of research, conferences should be held with the persons with whom study might be conducted and, through mutual agreement, a major professor should be chosen. In most cases, the temporary advisor will continue to serve as the permanent advisor with the student's consent. The director of a thesis must be a CMS graduate faculty member with qualifications appropriate to the required level of supervision. In special cases, a co-advisor from outside CMS may be chosen to help direct a student's dissertation. In this case, however, a co-advisor from within CMS must also be utilized. The major professor and student then confer to choose the other members of the Dissertation Committee. **For the Ph.D. degree program, the Committee will consist of five members, at least three of whom must come from the College of Marine Science. At least one member must be from a science department, agency, or program outside Marine**

**Science.** (**NOTE:** Although the Graduate School now only requires 4 members to serve on a student's Dissertation Committee, at this writing, the College Marine Science still requires 5 members for the committee.) A sixth member may be chosen to add additional expertise to the Committee. The Ph.D. committee. **The Ph.D. committee must be chosen and appointed before a dissertation proposal is submitted or before the Ph.D. Comprehensive Examination is taken.** Once these members are chosen they must sign the Committee Appointment Form (Form 16). In addition, **a CV (curriculum vitae) must be included for the major professor and any member who is not from within USF.** This form is then signed by the Director of Academic Affairs. As soon as a Committee is formed, the candidate should seek the advice of the Committee in formulating a Ph.D. program as appropriate and should have this properly endorsed, recorded and placed on record in the student's file. The Doctoral Committee will approve the student's course of study and research plan, supervise the research, grade the comprehensive qualifying examination, read and approve the dissertation, and conduct the dissertation defense.

## **CHANGING A COMMITTEE MEMBER APPOINTMENT**

If for some reason a student must change a member of their committee he/she must obtain a copy of the Changes to Graduate Student Supervisory Committee form (Form 17) which can be found either online at the Graduate School website or in the CMS Academic Affairs Office. This completed form must be signed by the student's major professor, any members who are being added, and the CMS Director of Academic Affairs.

# FORM 16

UNIVERSITY OF SOUTH FLORIDA  
Office of Graduate Studies

## GRADUATE STUDENT SUPERVISORY COMMITTEE APPOINTMENT FORM NEW APPOINTMENT

Please type or print all information, except where noted for signature.

### Part I. STUDENT AND DEGREE INFORMATION

Name		Social Security #	
Street Address		City, State, Zip	
E-mail Address		Phone	
College		Department (abbreviate)	
Graduate Program		Department Mail Code	
Entered Degree Program (e.g., Fall 2000)		Degree Sought	

### Part II. COMMITTEE INFORMATION

#### Master/Ed.S. Committees:

3 committee members required  
CV required for any non-USF Faculty

#### Doctoral Committees:

4 committee members required  
CV required for any non-USF Faculty  
CV required for all (Co-)Major Professor(s)

	Full Name	Signature of Approval All members must sign for themselves.	Dept. (abbreviate)	Date Signed
<input type="checkbox"/> Major Professor*				
<input type="checkbox"/> Co-Major Professor*				
<input type="checkbox"/> Co-Major Professor*				
<input type="checkbox"/> Member				
Member				
Member				
Member				
Member				
Member				

### Part III. APPROVALS

	Full Name	Signature of Approval	Date Signed
Program Director/ Dept. Chairperson			
College Dean/ Associate Dean			
Graduate Studies	Dale E. Johnson or Carol D. Hines-Cobb		

# FORM 17

## CHANGES TO THE GRADUATE STUDENT SUPERVISORY COMMITTEE

Please type or print all information, except where noted for signature.

### Part I. STUDENT AND DEGREE INFORMATION

Name	Social Security Number	- - -	E-mail Address
Street Address	City		State, Zip
College	Department		Dept. Mail Code & Tel #
Graduate Program	Entered Degree Program (e.g. Fall 2000)		Degree Sought

**Part II. CHANGES TO ORIGINAL COMMITTEE** (add additional forms if necessary)  
A CV must be attached or on file in Graduate Studies for any non-USF faculty and for (Co-)Major Professor(s) of Ph.D./Ed.D. committees.  
List each member being added, removed, or whose status has changed. Members added and the (Co-)Major Professor(s) must sign.

Name	Action Taken	Status	Signature of Approval	Dept. (abbreviate)	Date Sign
	Select action	Select new status			
	Select action	Select new status			
	Select action	Select new status			
	Select action	Select new status			
	Select action	Select new status			

### Part III. REASON FOR CHANGE:

(REQUIRED):

Part IV. APPROVALS		Name	Signature of Approval	Date Sign
<input type="checkbox"/> Major Professor <input type="checkbox"/> Co-Major Professor <input type="checkbox"/> Major Professor <input type="checkbox"/> Co-Major Professor	Program Director			
	College Dean			
	Graduate Studies	Dale E. Johnson or Carol D. Hines-Cobb		

# DEGREE REQUIREMENTS

## MASTER'S DEGREE REQUIREMENTS

### Appointment of Committee

(see above)

### Degree Requirements

- ◆ 32 credits
- ◆ 20 credits at the 6000 level
- ◆ 4 core courses (Biological - OCB 6050, Chemical - OCC 6050, Geological – OCG 6050, and Physical - OCP 6050 Oceanography); must attain a grade of "B" or better in each of these courses.
- ◆ 20 credits must be in formal, regularly scheduled course work, at least 10 of which must be at the 6000 level.
- ◆ A minimum of 6 credits of thesis (OCE 6971) must be taken.

Up to six hours of 4000-level courses may be taken as part of a planned degree program if approved by the student's committee. Additional graduate credit may be earned in 4000-level courses only if specifically approved by the CMS Director of Academic Affairs and by the Graduate School. Students enrolled in undergraduate courses as part of a planned degree program are expected to demonstrate a superior level of performance.

Each degree candidate is required to submit a statement of his/her proposed research problem for a thesis to his/her Program Committee. An M.S. candidate should do this toward the end of his/her first year or shortly thereafter.

### Time Limits

All credits used to satisfy the requirements for the Master's degree must be completed within *seven calendar years prior to the date of graduation*. Any appeals for extension of this seven year limit must be made by writing a letter to the Dean of the Graduate School explaining why the seven year limit was not met and outlining a well defined plan for completion of the degree. A specific time limit for finishing must be included in this plan. The letter requesting an extension must be endorsed by the student's major professor and the CMS Director of Academic Affairs or the CMS Dean.



## **Applying for Graduation**

Students must apply for graduation within two weeks into the semester they plan to graduate. This graduation form (Form 18) can be picked up in the Registrar's office or Academic Affairs Office. This application must be signed by the student's major professor and by the Director of Academic Affairs, then returned to the Academic Affairs Office. If a student applies for graduation, but does not graduate during that semester, they must fill out another application for graduation for each subsequent semester they plan to graduate. *Students may not apply for graduation more than three times without getting special authorization from the CMS Director of Academic Affairs.*

## **Thesis Defense**

The Master's Final Oral Examination (Thesis Defense) is conducted by the members of the student's Thesis Committee. The emphasis is on the defense of the thesis and its supporting scholarship. Normally, this examination is 1½-2 hours in length. A majority vote of the Examining Committee is required for passing. A Request for Thesis Defense form is available in the Academic Affairs Office, and once signed by the student's major professor and the Director of the Academic Affairs, is maintained in the student's CMS file in the Academic Affairs Office.

Once the student has passed this oral examination, the committee will sign a form (Form 19) which verifies the student has successfully completed the oral defense. This form is also retained in the student's CMS file for future reference.

## **Submission of Thesis:**

Students admitted to USF graduate programs beginning Fall 2002 are required to submit their thesis electronically. Detailed “How To” instructions on EDT submission are available on the Graduate School website under “Current Students”, “Thesis and Dissertation Information”.

Students admitted prior to Fall 2002 have the option of submitting either electronically OR by paper. The student is advised to work with the major professor to determine the best option. The written thesis must be turned into the Manuscript Consultant, Graduate School (FAO 126) no later than one week before the end of classes. The thesis must conform to the guidelines in the Handbook for Graduate Theses and Dissertations available online at the Graduate School website. The requirements for master's degree candidates are as follows:

- Submit two final copies of thesis (unbound) on 100% rag, fiber or cotton watermarked paper, placed in one box, measuring at most 9" x 12" x 2". Bigger boxes and brown envelopes are not acceptable.
- Separate the two theses by a sheet of colored paper (for bindery).
- Paste a photocopy of your title page on top of the box cover.
- One Committee verification form (original signatures of committee members and the College of Marine Science Director of Academic Affairs).
- Pay to Graduate School Accountant (FAO 139) the binding fee; then submit check number to manuscript consultant.
- Fill out (2) library subject classification forms, available in manuscript consultant's office.

The Graduate School will not accept a thesis after the semester deadline unless the candidate is enrolled in the proper thesis course (OCE 6971) for at least two credit hours. The following semester, the student must also reapply for graduation and will not officially graduate until the end of the following semester. In addition, the student must have been enrolled the preceding semester for at least two hours of thesis. Only after the thesis has been approved for filing in the University Library can the student be certified for the degree.

## **FORM 18**

Graduate students cannot participate in commencement exercises until all requirements for such degrees have been completed.

**DO NOT WRITE IN SHADED AREAS - FOR OFFICE USE ONLY**

3. Print your name as you wish it on your diploma. Please indicate upper/lower case letters, accents and punctuation. A Change of Name Form with substantiating documents must be completed and attached if this name is other than on our records.

with substantiating documents must be completed and attached if this name is other than on our records:

First Name	Middle/Maiden	Last Name

4. MAIL DIPLOMA TO:

ADDRESS & STREET	CITY	STATE	ZIP CODE

5. Program: \_\_\_\_\_ Concentration(s): \_\_\_\_\_ Indicate last term enrolled for this degree: \_\_\_\_\_  
(Only if officially accepted by the college) (Only if applicable to your major)

6. SPECIFY: POST BACCALAUREATE \_\_\_\_\_ 5 YEAR PROGRAM \_\_\_\_\_ THESIS/DISSERTATION REQUIRED? Yes\_\_\_\_ No\_\_\_\_

7. DO YOU EXPECT TO MEET TEACHER CERTIFICATION REQUIREMENTS? Yes\_\_\_ No\_\_\_

8. \_\_\_\_\_  
Major Professor/Advisor Signature

\_\_\_\_\_  
Graduate Program Director/Dept. Chairperson Signature

9. Graduation Date: \_\_\_\_\_ 20\_\_\_\_  
(Month) (Year) \_\_\_\_\_  
(Student's Signature) (Date)

10. Local Address for Contact: \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

11. E-Mail Address: \_\_\_\_\_

12. MAIN USF LOCATION ATTENDED (check one) (T) ☐ Tampa (S) ☐ Sarasota (P) ☐ St. Pete (L) ☐ Lakeland

FOR OFFICE USE ONLY	CERTIFIED TO GRADUATE:
	APPROVED: _____
	DENIED: _____
	INITIAL: _____

UNIVERSITY OF SOUTH FLORIDA  
GRADUATE SCHOOL  
DEFENSE OF THE MASTERS THESIS

The undersigned verify that the final oral defense of the Thesis of  
has been successfully completed and that the Thesis is ready for submission to the Graduate  
School.

Title of the Thesis:

Major field of study:

Committee:

Major Professor

Member

Member

Member

Member

Date:

## **Appointment of Committee**

(See Committee Appointments on page 40)

## **Degree Requirements**

The minimum program for the Ph.D. is 90 credits beyond the baccalaureate. A Ph.D. student must complete the minimum core course requirements that are required for the M.S. with the selection of remaining course hours to be approved by the student's committee. The student must also take a minimum of 16 credits of Dissertation (OCE 7980).

## **Tools of Research**

Tools of Research (foreign language, computer language, statistics, etc.) are no longer required by the College or the University. However, a student's Ph.D. committee may require these tools as part of an individual student's program of study.

## **Comprehensive Qualifying Examination**

As soon as all required course work is completed and no longer than 12 months after that point, the student will take the Ph.D. comprehensive qualifying examination. The purpose of the Comprehensive Examination is to test the student's breadth and depth of knowledge in his/her chosen area of oceanography and supporting disciplines. The student will be examined for his/her grasp of factual and theoretical information and for his/her ability to apply this information to oceanographic problems. She/he will achieve the proper level of preparation by combining an adequate program of study with intellectual exchange with his/her advisors and fellow graduate students. Two months at the latest before she/he wishes to take the Comprehensive Examination, the student will request a meeting with his/her program committee to review his/her preparation and propose a date for the exam.

The Ph.D. Comprehensive Qualifying Examination shall be both written and oral. The examiners will be the members of the student's Program Committee. The written examination will be administered by the major professor and will consist of questions submitted by the Committee members. The written examination shall require no less than two days. Each examiner will grade his/her own portion of the written exam. Upon successful completion of the written exams, the student may then proceed to the oral portion of the exam.

The oral examination will be carried out by the student's Program Committee. The

major professor will serve as chair. The oral examination is usually two hours in length, although this limit may be exceeded. It is highly recommended that the student take the oral examination within two weeks of the written. The time and place shall be announced at least a week in advance by the major professor. A four to one vote of the examiners is required for passing.

Upon completion of the examination, the major professor will inform the student and the CMS Academic Affairs Office of the results. If successful, the major professor signifies the successful passing of the exam by signing the Admission to Candidacy form (Form 20) form on behalf of the committee. If the student does not pass the Comprehensive Qualifying Examination, the Examining Committee may recommend (1) dismissal from the program, or (2) that the student be allowed to repeat all, or any portion, of the exams. A student will be allowed to repeat the examinations only once. If a student does not pass the exams on their second attempt, they will be dismissed from the program.

### **Admission to Candidacy**

Students may not be admitted to candidacy until a Doctoral Committee has been appointed, and the Committee has certified that the student has successfully completed the comprehensive qualifying examination. Following the completion of the Admission to Candidacy form (Form 20), the student may enroll in Dissertation credits (OCE 7980). The Admission to Candidacy form will be approved by the Director of Academic Affairs and forwarded to the Dean of the Graduate School for final approval. **The student cannot register for Dissertation credits until the next complete semester following their admission to candidacy.**

# FORM 20

UNIVERSITY OF SOUTH FLORIDA  
Office of Graduate Studies

## ADMISSION TO DOCTORAL CANDIDACY

Please type or print all information, except where noted for signature.

### Part I. STUDENT INFORMATION

(A copy of this form will be mailed to this address)

Name		Social Security #	
Street Address		College	
City, State, Zip		Department	
E-mail Address		Graduate Program	

### Part II. ADMISSION TO DOCTORAL CANDIDACY

The above named student has:

- successfully completed the comprehensive qualifying examination on \_\_\_\_\_ (list date)  
(Candidacy form must be submitted no later than one semester after this exam date)
- demonstrated the qualifications necessary to successfully complete requirements for the degree
- met all of the requirements for Doctoral Candidacy for the \_\_\_\_\_ degree (Ed.D. or Ph.D.).

**Note:** A Committee must be appointed and approved by Graduate Studies **prior to** Admission to Candidacy.  
Candidacy **is not effective** until approved by the University Office of Graduate Studies (FAO 126).  
Students **may not enroll** in dissertation hours until the semester following effective admission to candidacy.

	Full Name	Signature of Approval (all signatures must be originals – no substitutions allowed)	Date Signed
<input type="checkbox"/> Major Professor <input type="checkbox"/> Co-Major Professor			
<input type="checkbox"/> Major Professor <input type="checkbox"/> Co-Major Professor			
Program Director or Dept. Chairperson			
College Dean or Associate Dean			
Graduate Studies	Dale E. Johnson or Carol Hines-Cobb		

For questions, call 974-5220 or 974-4239 or e-mail [igiles@grad.usf.edu](mailto:igiles@grad.usf.edu) or [chines-cobb@grad.usf.edu](mailto:chines-cobb@grad.usf.edu)  
**Do Not Remove Any Copies**

Copies will be distributed when all signatures have been obtained.

White – Graduate Studies    Yellow – Student    Pink – College    Golden – Department



## **Time Limits**

All course work taken after entering the Ph.D. program and before candidacy must be completed within 5 calendar years for those entering with a Master's degree and within 7 calendar years for those entering without a Master's degree. After a student is admitted to candidacy, he or she has 5 years to obtain the Ph.D. degree. Any appeals for extension of either of these limits must be made by writing a letter to the Dean of the Graduate School explaining why the time limits were not met and outlining a well defined plan for completion of the degree. A specific time limit for finishing must be included in this plan. The letter requesting an extension must be endorsed by the student's major professor and the CMS Director of Academic Affairs.

## **Request for Dissertation Defense**

After the Doctoral Committee has determined that the final draft of the dissertation is suitable for presentation, the Committee will complete a form (Form 21) requesting the scheduling and announcement (Form 22) of the dissertation defense examination. The defense request form, the announcement, and an unsigned Successful Defense Form (Form 23) must be submitted together to the CMS Director of Academic Affairs at least two weeks prior to the scheduled oral examination. A copy of the announcement must also be received in the Graduate School Office at least two weeks prior to the scheduled defense. The dissertation defense examination must be held at least four weeks before the last day of classes; therefore, the request for defense of the dissertation must be received in the Academic Affairs Office at least six weeks before the last day of classes of the semester in which the degree is to be granted. The name and address of the person who will be the chair of the examination committee should also be on the Request for Defense form. A memo from the student's major professor to the Director of Academic Affairs. Should be submitted along with these forms requesting that the selected person be appointed as Chairperson of the defense because of their expertise in certain [defined] areas. A CV for this person should also be included.

The final Ph.D. Oral Examination (Dissertation Defense) is the culmination of the student's graduate education and is a significant formal event. The Chair of the Examination Committee is expected to be a senior (Ph.D.) and distinguished scholar, nominated by the major professor, approved by the CMS Director of Academic Affairs to serve as the representative of the Graduate School. The Chair of the examination committee does not vote but should be familiar with the research the student has done. He/she may not be from within the College of Marine Science.

# FORM 21

UNIVERSITY OF SOUTH FLORIDA  
Office of Graduate Studies

## REQUEST FOR THE DISSERTATION DEFENSE

(a.k.a., "The Doctoral Final Oral Examination")

The undersigned request that the University community be notified that the following doctoral candidate for the Ph.D./Ed.D. degree stands ready to defend his/her dissertation. Each committee member hereby certifies that he/she has carefully reviewed the final draft of the dissertation and considers it to be suitable for defense.

	Name <i>(print or type clearly)</i>	SSN	Degree
Doctoral Candidate		- -	

Graduate Program	Graduate Department	Dept. Mail Code
Dissertation Title		
Time, Date and Place of Examination		
Chairperson of Examination, Dept., and Mail Code (or Address)		

### Examining Committee

	Name <i>(print or type clearly)</i>	Signature of Approval	Date Signed
<input type="checkbox"/> Major Professor			
<input type="checkbox"/> Co-Major Professor			
<input type="checkbox"/> Co-Major Professor			
<input type="checkbox"/> Member			
Member			
Member			
Member			
Member			
Member			

### Approvals

	Name <i>(print or type clearly)</i>	Signature of Approval	Date Signed
Dept. Chairperson			
College Dean			
Graduate Studies	Dale E. Johnson or Carol Hines-Cobb		

FORM 22

UNIVERSITY OF SOUTH FLORIDA  
OFFICE OF GRADUATE STUDIES

*Defense of a Doctoral Dissertation*

***PHYSICO-CHEMICAL INTERACTIONS OF  
POLYCYCLIC AROMATIC HYDROCARBONS IN  
SEAWATER: SOLUBILITY AND SORPTION***

*by*

***PAMELA LYNN SUTTON***

*for the Ph.D. degree in Marine Science*

*Wednesday, January 3, 2001  
9:00 a.m.*

***PLACE: MSL CONFERENCE ROOM***

***THE PUBLIC IS INVITED***

*Examining Committee*

*Steven LeGore, Ph.D., Chairperson  
Edward S. Van Vleet, Ph.D., Major Professor  
Robert Byrne, Ph.D.  
Paula Coble, Ph.D.  
Pamela Hallock-Muller, Ph.D.  
Richard Pierce, Ph.D.*

*Peter R. Betzer  
Dean, College of Marine Science*

*Dale E. Johnson  
Dean, Office of Graduate Studies*

# FORM 23

UNIVERSITY OF SOUTH FLORIDA  
Office of Graduate Studies

## SUCCESSFUL DEFENSE OF THE PH.D./ED.D. DISSERTATION

The undersigned verify that the final oral defense of the dissertation has been successfully completed by the following doctoral candidate and that the dissertation is ready to submit to the Office of Graduate Studies pending revisions.

	Name (print or type clearly)	SSN	Degree
Doctoral Candidate		- -	

Graduate Program	
Graduate Department	
Dissertation Title	

### Examining Committee

	Name (print or type clearly)	Signature of Approval
<input type="checkbox"/> Major Professor		
<input type="checkbox"/> Co-Major Professor		
<input type="checkbox"/> Co-Major Professor		
<input type="checkbox"/> Member		
Member		
Member		
Member		
Member		
Member		
Chairperson of Defense		
Defense held on (date)		
Successful Defense Form signed (date)		

## **Dissertation Defense**

The Ph.D. Final Oral Examination (Dissertation Defense) is conducted by the members of the student's Dissertation Committee. All members of the committee should be present either in person or by speaker phone. The emphasis is on the defense of the dissertation and its supporting scholarship. Normally, this examination is 2-2½ hours in length. A majority vote of the Examining Committee is required for passing. Once the student has successfully completed the oral defense, the committee members will sign the Defense of the Ph.D. Dissertation Form (Form 23). This form must be turned in to the Graduate School with the Dissertation. A copy also should be submitted to the CMS Academic Affairs Office.

## **Submission of Dissertation**

Students admitted to USF graduate programs beginning Fall 2002 are required to submit their dissertation electronically. Detailed “How To” instructions on EDT submission are available on the Graduate School website under “Current Students”, “Thesis and Dissertation Information”.

Students admitted prior to Fall 2002 have the option of submitting their manuscript either electronically OR by paper. The student is advised to work with the major professor to determine the best option. For the most up-to-date information regarding submission, it is recommended that you check the Graduate School website.

The dissertation must conform to the guidelines in the Handbook for Graduate Theses and Dissertations which can be downloaded from the Graduate School website. Requirements for Ph.D. candidates are as follows:

- Signed successful defense form.
- Two final dissertation copies (unbound) on 100% rag, fiber or cotton watermarked paper, placed in two boxes, measuring at most 9" x 12"x 2". Bigger or longer boxes or brown envelopes are not acceptable.
- Photocopy of title page pasted on top of each box.
- Committee Verification Form (original signatures from committee members and the College of Marine Science Director of Academic Affairs.
- Graduate school accountant's receipt (FAO 139) for binding fee and microfilming. The microfilming fee must be paid with a money order payable to Bell and Howell (personal

checks will not be accepted).

- One photocopy of the dissertation title page, the complete abstract, and abstract title page.
- The following forms completely filled out (available from the Graduate School manuscript consultant):
  - Bell and Howell microfilm agreement
  - NORC Survey
  - Library subject classification
  - Hooding information form

The Graduate School will not accept a dissertation after the deadline unless the candidate is enrolled in the proper dissertation course (OCE 7980) for at least two credit hours the following semester. The student must also reapply for graduation and will not officially graduate until the end of the semester. In addition, the student must have been enrolled for at least two hours of dissertation during the preceding semester. The dissertation must be approved by the Dean of the Graduate School prior to college certification for the degree. Two copies of the dissertation will then be deposited in the University Library. Each dissertation will be microfilmed, with the student being assessed a fee for this service. A binding fee will be charged to the student at the time the dissertation is submitted.

Graduate students cannot participate in commencement exercises until all requirements for such degrees have been completed.

**DO NOT WRITE IN SHADED AREAS - FOR OFFICE USE ONLY**

3. Print your name as you wish it on your diploma. Please indicate upper/lower case letters, accents and punctuation. A Change of Name Form with substantiating documents must be completed and attached if this name is other than on our records.

with substantiating documents must be completed and attached if this name is other than on our records:

First Name	Middle/Maiden	Last Name

ADDRESS & STREET	CITY	STATE	ZIP CODE

5. Program: \_\_\_\_\_ Concentration(s): \_\_\_\_\_ Indicate last term enrolled for this degree: \_\_\_\_\_  
(Only if officially accepted by the college) (Only if applicable to your major)

6. SPECIFY: POST BACCALAUREATE \_\_\_\_\_ 5 YEAR PROGRAM \_\_\_\_\_ THESIS/DISSERTATION REQUIRED? Yes \_\_\_\_\_ No \_\_\_\_\_

7. DO YOU EXPECT TO MEET TEACHER CERTIFICATION REQUIREMENTS? Yes\_\_\_\_ No\_\_\_\_

8. \_\_\_\_\_  
Major Professor/Advisor Signature

\_\_\_\_\_ Graduate Program Director/Dept. Chairperson Signature

9. Graduation Date: \_\_\_\_\_ 20\_\_\_\_  
(Month) (Year)

\_\_\_\_\_  
(Student's Signature) (Date)

10. Local Address for Contact: \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

11. E-Mail Address: \_\_\_\_\_

12. MAIN USF LOCATION ATTENDED (check one) (T) ☐ Tampa (S) ☐ Sarasota (P) ☐ St. Pete (L) ☐ Lakeland

FOR OFFICE USE ONLY	CERTIFIED TO GRADUATE:
	APPROVED: _____
	DENIED: _____
	INITIAL: _____