

*Approved*

UNIVERSITY OF SOUTH CAROLINA

APPLICATION FOR INDEPENDENT STUDY OR INTERNSHIP CONTRACT

To be completed and returned to the Office of THE DEPARTMENT CHAIRPERSON (or DEAN OF COLLEGE/SCHOOL) prior to registration.

Student's Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_ Major \_\_\_\_\_

Course Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Department Prefix Course Number Suffix Section Credits

Semester \_\_\_\_\_ 19 \_\_\_\_\_

Topic Identification \_\_\_\_\_

Instructor (Print) \_\_\_\_\_

Course Summary: (To be completed by the instructor who will supervise the study)

Objectives: (What new skills and/or information will the student acquire)

Textbooks, Readings or other Resources to be used:

Student Performances: (How will the student be evaluated?)

\_\_\_\_\_  
Instructor's Signature

I understand that completion of this form does not constitute registration, and that I must register for this course in the usual manner.

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

\_\_\_\_\_  
Department Chairperson/Area Head Date

\_\_\_\_\_  
Advisor's Signature Date

\_\_\_\_\_  
Dean (in Non-Departmental College/School) Date

Student is to present his copy when registering for the course.

- cc: Records Office – White Copy
- Advisor – Green Copy
- Department – Chairperson (or Dean of College/School) – Canary Copy
- Instructor – Pink Copy
- Student – Goldenrod Copy