

# Undergraduate Independent Study Contract

**REG**

Initials \_\_\_\_\_  
Term \_\_\_\_\_

## Student to Complete the Following\*

*\*All information in this section is required.*

Student Name\*: \_\_\_\_\_ USC ID\*: \_\_\_\_\_

UofSC Email (@email.sc.edu)\*: \_\_\_\_\_ Major\*: \_\_\_\_\_

### Course Information

Term\*: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year\*: \_\_\_\_\_ Credit Hours\*: \_\_\_\_\_

Subject Code\*: \_\_\_\_\_ Course Number\*: \_\_\_\_\_ CRN\*: \_\_\_\_\_

Instructor Name\*: \_\_\_\_\_ USC ID\*: \_\_\_\_\_

Section Title\* (The section title will appear on the student's academic record. Character limit -100 characters, including spaces):

## Additional Course Information:

Course Summary:

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

Textbooks, Readings, or Other Resources to be Used:

Method of Evaluation:

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Certify whether this Independent Study will be used as part of your major, minor, or cognate:

\_\_\_\_\_ It WILL be used as part of my major, minor, or cognate. (This grade will be computed in the student's GPA).

Major \_\_\_\_\_ Minor \_\_\_\_\_ Cognate \_\_\_\_\_

\_\_\_\_\_ It WILL NOT be used as part of my major, minor, or cognate. I will receive a pass-fail grade. (Pass-fail grades do not affect your GPA.)

GPA\*: \_\_\_\_\_ Grade Point Average of 2.5 or greater required to enroll in independent study courses. Dean should verify GPA before signing.

Only students who take an independent study as part of their major, minor, or cognate may receive grade point credit for independent study. Independent study credits applied toward any undergraduate degree may account for no more than 10% of the total credit hours for that degree. The total amount of independent study credit per term is limited to six hours.

## Approval Signatures

I understand that completion of this form does not constitute registration, and that I must register for this course in the usual manner. Student is to submit completed copy to the Office of the University Registrar to complete registration.

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

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

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

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

Instructor to Complete:

\_\_\_\_\_ Yes, this student is conducting undergraduate research, an academic effort intentionally aimed at developing the student's skills in inquiry and opportunities to contribute to and/or pursue original intellectual, scientific, or creative work.

\_\_\_\_\_ No

Advisor Signature: \_\_\_\_\_

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

Department Chair/Area of Course Head Signature: \_\_\_\_\_

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

Academic Dean Signature: \_\_\_\_\_

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