

University of South Carolina Upstate Independent Study

Student Name: _____ VIPID _____
Last First

Local Phone: _____ Alternate phone: _____

Major: _____

Course: the course number **must** be listed as an independent study course in the catalog. Otherwise use a non-scheduled course form.

Department	Course number	Title	Credits
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Term: _____ Year: _____ Instructor (print) _____

Instructor VIP ID _____

To be completed by the instructor who will supervise the study:

Course Summary:

Course Topic: (Will appear on student's academic record)
 (Topic can only consist of 30 characters)

Course Objectives:

Textbook, readings or other resources to be used:

Method of Evaluation:

Completion of this form does not constitute registration; present a copy to the registrar's office to complete registration.

Signatures:

Student	Date	Advisor	Date
Instructor	Date	Department Chair of the student's major	Date
		Department Chair for the course (if different)	Date

Records – copies to instructor, student, student's academic department, and department of course if different.