



UNIVERSITY OF SOUTH CAROLINA

BEAUFORT

Independent Study Contract

The total amount of independent study credit per term is limited to six (6) hours

Completion of this form does NOT constitute registration

Present this completed form to the Office of the Registrar before registering via Self-Service Carolina

Student Name: _____ Student ID: _____ Phone Number: _____

Email Address: _____ @email.uscb.edu Major: _____

Subject: _____ Course Number: _____ Credit Hours: _____

Instructor Name: _____ Semester: Fall Spring Summer Year: _____

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

Course Summary

(Syllabus must be attached and in the correct USCB format)

Course Title

(Will appear on student transcript)

Course Justification

Objectives

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

Textbook Readings

(Or other resources to be used)

Method of Evaluation

I certify that this Independent Study will be used as part of my : Major Minor Cognate

GPA (Grade Point Average of 2.5 or higher is required to enroll in independent Study courses)

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____