



OFFICE OF THE REGISTRAR
POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST
ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦ FAX: (803) 536-8602

DIRECTED INDEPENDENT STUDY CONTRACT

Date: _____

Special Requirements and Required Documents:

- Refer to Directed Independent Study policy in the University Catalog.
- An Independent Student Contract must be completed and approved prior to registering in an independent study course.
- Attach written justification for the independent study course.
- Attach course outline/syllabus to include basis for determining final grade.

Course & No. _____ Title _____

Semester _____ School Year _____

Names of _____ and _____
Instructor *Student and Campus Wide ID*

Attest to the latter's agreement to accomplish the requirements delineated in the numbered paragraphs below in meeting minimum expectations of _____
on an independent study basis. *(Course and Number)*

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1. Purchase (obtain), read and study designated sections (chapters) contained in the primary text listed for the course.
 2. Read and study following materials designated by the instructor:

 3. Examinations (tests) will be administered at a location designated by the instructor on these dates indicated below: **(NOTE: All examinations and/or tests must incorporate materials discussed in the primary course. This may include examinations (tests) administered to students attending the regular class)**

First Exam (test) _____
(Date) *(Location)*

Second Exam (test) _____
(Date) (Location)

Third Exam (test) _____
(Date) (Location)

4. The following Special requirements (term paper, abstracts, etc.) will be due on dates indicated:

Brief description of requirement: _____

Brief description of requirement: _____

Brief description of requirement: _____

5. Scheduled meetings, discussions and/or conferences between the instructor and the student will be conducted on dates and at locations listed below.

Date: _____ Location _____

Date: _____ Location _____

Date: _____ Location _____

Date: _____ Location _____

Date: _____ Location _____

Date: _____ Location _____

I certify that this student meets all requirements to take this course as an independent study.

Instructor's Signature / Date

Student's Signature / Date

Instructor's Rank

Minimum Required Cumulative GPA – 2.50

Approved: _____ / _____
Chairperson / Date

Classification (Junior, Senior, or Graduate Students Only)

Approved: _____ / _____
Dean of School / Date

Advisor

Approved: _____ / _____
Vice President for Academic Affairs / Date

IMPORTANT NOTICE

This contract is not official unless an approved copy with all signatures, written justification and course syllabus are on file in the Registrar's Office.