

Independent Study / Internship Contract



U of SC Aiken

Registrar

Registrar@usca.edu - (803) 641-3550 – Penland 109

All signatures are required and must be obtained prior to registration. Electronic signatures are acceptable if the completed form is sent to the Office of the Registrar for processing directly by the instructor, dean, or department chair. Send form to Registrar@usca.edu or bring to Penland suite 109.

Student Information:

Full Name: _____

Degree requirement this course will fulfill:

USC or VIP ID: _____

___ Major ___ Cognate

USC Aiken Email: _____

___ Minor ___ Elective/Not Required

Major: _____

Student signature*: _____

Date: _____

**By signing and submitting this form, you understand that you are liable for all tuition and fee costs associated with course registration.*

Course Information:

Subject: _____ Number: _____ Section (if known): _____ CRN (if known): _____

Course Credits: _____

Term: ___ **FALL** (select one of the following): ___ full semester ___ first half only ___ second half only

___ **SPRING** (select one of the following): ___ full semester ___ first half only ___ second half only

___ **SUMMER** (select all that apply): ___ Maymester ___ Summer I ___ Summer II

Year: _____

Method of Instruction / Supervision: ___ Face-to-Face ___ Blended/Hybrid ___ 100% Online

Topic of Course, Research, or Internship (will appear on student's academic record):

Course Summary and Objectives:

Method(s) of Evaluation: _____

Required Textbooks, Sources, and Materials: _____

Notes (funding, approval numbers, other): _____

Instructor Name: _____ Instructor USC or VIP ID: _____

Instructor signature: _____ Date: _____

Additional Authorizations / Signatures

Student's Academic Advisor: _____ Date: _____

Dean or Department Chair of Course Subject: _____ Date: _____

Office of the Registrar

Subject _____ Number _____ Section _____ CRN _____ ___ Hold ___ Registered