



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)*

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*

## 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.