

REQUEST TO TAKE INDEPENDENT STUDY ELECTIVE

Instructions:

- Type or print with ballpoint pen
- Complete appropriate portions of form
- Attach the elective description
- Return form and description to Office of Admissions & Enrollment Services, Attention: Registrar

Student's Name

USC Period #

Course Title

Course Dates

Course Location (Host Institution)

Host Institution Complete Mailing Address

Contact Person & Title

Contact Telephone #

Contact Fax #

Approval is given for course credit at The University of South Carolina School of Medicine:

USCSOM Department Chair

Assistant Dean, Clinical Curriculum

****REQUEST TO TAKE INDEPENDENT STUDY ELECTIVE WILL NOT BE FULLY PROCESSED UNTIL CONFIRMATION FROM THE HOST INSTITUTION/FACULTY MEMBER IS RECEIVED BY THE USC SCHOOL OF MEDICINE REGISTRAR'S OFFICE**