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**