

OFFICE OF EDUCATIONAL OUTREACH
COURSE CONTRACT APPROVAL FORM

ACADEMIC INFORMATION

(attach a **Course Syllabus** specific to the proposed offering)

UofSC Term and Year: _____

Course Designator and Number: _____ **Section Number:** _____ **Credit:** _____

Title: _____

Instructor Name: _____

Instructor Address: _____

Instructor Phone: _____

Instructor E-mail: _____

Instructor Current Employer: _____

Course Start Date: _____

Course End Date: _____

Meeting Day(s): _____

Meeting Time(s): _____

(If the class does not meet on a weekly basis, describe specifically within attached syllabus how in-class or online learning interactions include a minimum of 700 contact-minutes per credit and significant learning for a minimum of one week for each credit.)

Location: _____

Building: _____

Room: _____

Maximum Enrollment: _____

Minimum Enrollment: _____

CONTRACT INFORMATION

Client (agency/group contact person or, principal investigator responsible for the tuition or course contract fee):

Contract Basis: Tuition: \$ _____ per credit (Maximum: \$ _____ Minimum: \$ _____)
Fixed Price: \$ _____ per course

Contract Client (Name/address of individual to whom course contract bill should be sent):

If client does not have signature authority, provide name (address if not same) of signatory:

If tuition/course fee is to be paid by a grant, provide complete PeopleSoft Conversion Accounts:

Instructor Compensation: _____

Dates of Term Appointment to Graduate School Required (if needed): _____

AUTHORIZATIONS

Department Chair: _____ **Date:** _____

PI (if grant funded): _____ **Date:** _____

Director, Educational Outreach: _____ **Date:** _____