



ASBURY UNIVERSITY

OFFICE OF THE REGISTRAR

registrar@asbury.edu

CONTRACT COURSE FORM

UNDERGRADUATE

This form is required for all contract courses. An approved contract course form enables the course listed below to be added to the schedule and the student to be registered for the credits indicated before the drop/add deadline for the term.

Registration is not complete until it is processed in the Office of the Registrar.

See the Bulletin for Asbury University's policy on contract courses.

Full Name [print]: _____ **Class:** Senior Junior
 Other: _____

Semester: _____

Year: _____

Credit Hours: _____

Course Fee: _____

Pass/Fail

Course Required for:

Major: _____

Minor: _____

Foundations

Elective

DEPT PREFIX	JR	SR	COURSE TITLE	
_____	391	491	Independent Study: _____	(1-3 mtgs)
_____	392	492	Directed Study: _____	50min/wk
_____			Regular Course as a Directed Study: _____	50min/wk
_____			Other: _____	
	435		Internship	

Student: _____ Date: _____
Print Signature

Instructor: _____ Date: _____
Print Signature

Advisor: _____ Date: _____
Print Signature

Dept Chair: _____ Date: _____
Print Signature

OFFICE USE ONLY

- PT Instructors verified with Provost
- Course Checked
- Entered
- Registered

Completed by: _____

Date: _____

Registrar Approval	Received
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