



ASBURY UNIVERSITY

OFFICE OF THE REGISTRAR

registrar@asbury.edu

GRADUATE CONTRACT COURSE FORM

GRADUATE STUDIES

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. Theses or project courses (799) must be renewed until satisfactory completion of the requirement. 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]: _____ **Contract Term/Year:** _____

Credit Hours: _____

Course Fulfills:

Course Fee: _____

Core Degree Requirements

Pass/Fail

Elective Hours

Please fill in department prefix, select course type, and provide a course title if applicable:

DEPT PREFIX	CODE	COURSE TITLE	
_____	<input type="checkbox"/> 691	Independent Study: _____	(1-3 mtgs)
_____	<input type="checkbox"/> 692	Directed Study: _____	50min/wk
_____	<input type="checkbox"/> ____	Regular Course as a Directed Study: _____	50min/wk
_____	<input type="checkbox"/> ____	Other: _____	

Apprenticeship Research Project Thesis/Creative Project

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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