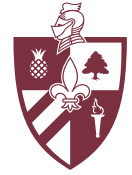


CONTRACT COURSE REGISTRATION FORM



BELLARMINE
UNIVERSITY
IN VERITATIS AMORE

The **Contract Course Option** allows students to work individually with a faculty member to complete a **Catalog-listed course that is not offered during the term the student needs to take it.** Instructors are not obligated to offer their courses in this format but may agree to do so at their discretion and with Dean's approval. Refer to the departmental course listings in the Catalog for specific course numbers and information. See the Policies section in the Catalog for the complete Contract Course Option policy.

Student's Name: _____ ID#: _____

Anticipated Graduation Date: _____ Academic Program/Major: _____

Term: Fall Spring Summer* _____ Year: 20____

**If summer you must list which summer session; see [Summer Academic Calendar](#) for session dates.*

Course Number (see the department's course listing in Catalog for number, e.g. PSYC 103)	Credits	Course Title	Instructor's First & Last Name

List the number of Contract Courses or Independent Studies you've already taken at Bellarmine: _____

State your rationale for needing to take this course on a Contract Course basis:

Obtain the required approvals outlined on page 2 of this form and submit it to the Dean for review. Forms approved by the Dean will be forwarded by the Dean to the Registrar's Office for registration. Forms denied by the Dean will be returned to the student.

You must obtain a course syllabus from the instructor and include it as an attachment to this form upon submission to the Dean.

Student Signature: _____ Date: _____

REQUIRED APPROVALS AND SIGNATURES

INSTRUCTOR

Have you provided the student with a course syllabus? Yes No (*If no, Dean will not approve*)

Faculty are expected to meet regularly with students (remote meetings are acceptable). List your meeting schedule and expectations here:

Instructor's Signature: _____ Date: _____

DEPARTMENT CHAIR

What semester was this course last offered? _____

What semester will this course be offered next? _____

Is a syllabus attached for this course? Yes No (*If no, Dean will not approve*)

Chair comments (include your comments regarding the rationale stated by the student):

Department Chair's Signature: _____ Date: _____
(*Dept Chair of dept in which the course is offered*)

DEAN OF THE SCHOOL

Dean's comments:

Academic Dean's Signature: _____ Date: _____
(*Dean of school in which the course if offered*)

Return completed form with attached syllabus to:

Bellarmino University Office of the Registrar
Centro, Horrigan Hall 205

registrar@bellarmine.edu

Phone: 502.272.8133