



CAMPBELL
UNIVERSITY

Registrar's Office

INDEPENDENT STUDY CONTRACT

STUDENT'S NAME: _____ CAMPBELL ID: _____

CLASSIFICATION: _____ INSTRUCTOR: _____

SELECT TERM: FALL SPRING SUMMER I SUMMER II YEAR: _____

COURSE TITLE _____

DEPARTMENT _____ COURSE NUMBER _____ CREDIT HOURS EARNED _____

OBJECTIVES OF THIS STUDY _____

PROCEDURES TO BE FOLLOWED _____

MATERIALS TO BE USED _____

METHOD OF EVALUATION _____

SUPERVISING INSTRUCTOR

ACADEMIC DEAN

DEPARTMENT CHAIRMAN

REGISTRAR

PLEASE RETURN THIS CONTRACT BY THE TENTH CLASSROOM DAY OF THE SEMESTER THAT CREDIT IS TO BE EARNED