



AGREEMENT FOR INDEPENDENT STUDY

Student's Name: _____ NTU ID Number: _____ Date: _____

COURSE INFORMATION: Note: Does not apply for topic Courses.

Course Number: _____ Course Title: _____ Number of Credits: _____

Semester or Intersession: _____ Year: _____

Campus (circle one): Crownpoint, Chinle, Zuni, Bond Wilson, TNP

Instructor's Name: _____

Student's Reason for Requesting Independent Study:

If the course is for graduation; what is your expected graduation date: _____

Student will meet with instructor at the following times during the semester:

Please attach a Syllabus with assignments to be completed, if none attached, it will not be processed.

It is understood that all course assignments, exams, and other requirements listed above must be completed by deadlines shown. Any other requirements with deadlines not specified, must be completed by the last day of the semester in which the Independent Study is initiated.

Student

Date

Instructor

Date

Dean of Undergraduate Studies

Date

Registrar

Date