



**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:      Fall                      Spring                      Summer Session                      20 \_\_\_\_\_

Campus (circle one):              Crownpoint, NM              Chinle, AZ              Teec Nos Pos, AZ

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