



Office of the Registrar  
Nueta Hidatsa Sahnish College  
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## INDEPENDENT STUDY FORM

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Students Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Term: \_\_\_\_\_ Year: \_\_\_\_\_ Date: \_\_\_\_\_ Major: \_\_\_\_\_

Course Catalog Number: \_\_\_\_\_ Course Name: \_\_\_\_\_ Subject Area: \_\_\_\_\_

This form cannot be processed unless all signatures have been obtained.

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Head: \_\_\_\_\_ Date: \_\_\_\_\_

VP of Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Any student (s) wishing to study a subject independently for credit must find an instructor to supervise the course. The instructor and the student then agree on the number of credits the student may earn. The student must complete the Independent Study Authorization Form, have it signed by appropriate signatures, and deliver it to the Registrar.

**\*\*ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR'S OFFICE\*\***

Registrar's Use Only

Date of institutional Independent Study Form Received: \_\_\_\_\_ Signature: \_\_\_\_\_