



**New York University**  
*A private university in the public service*

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STUDENT-FACULTY COURSE AGREEMENT FORM

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

Phone #: Day: \_\_\_\_\_ Eve: \_\_\_\_\_

Course number: \_\_\_\_\_ Semester: \_\_\_\_\_

Points for Credit: \_\_\_\_\_

Class Type: (Circle One): MA Thesis Research      Dissertation Research

Independent Study      Direct Study      Other: \_\_\_\_\_

*I agree to work with this student for the course listed above and to assign a grade at the end of the semester based EITHER on research completed during the semester OR on the completed written work.*

Faculty Signature \_\_\_\_\_ Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date: \_\_\_\_\_