



EST. 1979

NAVAJO TECHNICAL UNIVERSITY

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FULL-TIME FACULTY COURSE APPROVAL

DATE: _____

TO: Registrar: _____

Department Chair: _____

☐ Reviewed for Student Need

☐ Reviewed Overload

INSTR DEAN: _____

☐ Approved ☐ Not Approved

FROM: _____
Faculty Requesting Course (Name and Title)

RE: Semester/Year: _____ Location: _____

Course # Sec. #	Description	1) Face-to-Face or In-Person	2) In-Person/ ZOOM	3) Blackboard	4) ZOOM	5) Blackboard/ ZOOM	Days/ Week	Time Period	ROOM #	Instructor	Credits

File

Revised 2/20/2026/HR

"Navajo Technical University honors Diné culture and language, while educating for the future."

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