

DIRECTED INDEPENDENT STUDY (DIS) COURSE

Department: _____ Semester _____

Student: _____ Classification _____ ID# _____

Major: _____ Cumulative Grade Point Average _____

*A Directed Independent Study Course is requested to meet the requirements for **one** of the following situations:

_____ Major Course _____ Minor Course _____ Elective Course

_____ (Other) Explain _____

Have you taken this course? _____ Yes _____ No

Course Prefix, Number and Name _____

Proposed Plan of Study _____

This DIS Course is recorded as: _____ 451: Independent Study _____
Department Subject

Advisor's Signature

Approved: _____
Department Chairman

Disapproved: _____
Department Chairman

_____ Division Chair

_____ Division Chair

_____ Academic Vice President

_____ Academic Vice President

*A Directed Independent Study Course is available to junior and senior students of demonstrated academic ability. A written agreement between the student and instructor/professor is required. If the DIS Course requested in lieu of listed course, the syllabus for that course, methodology to be used and grading scheme will form the basis for the agreement. These three items must be structured to meet the conditions of Directed Independent Study. **NOTE:** One Dis Course disapproval makes the request null and void.

THE AGREEMENT

Directed Independent Study Course: _____

I, _____ SS# _____

Hereby agree to take a Directed Independent Study course under (Mr.) (Mrs.) (Dr.) _____

_____ during this semester: _____

I will abide by the expected course parameters: homework assignments, projects, formative and summative examinations, etc., required for the completion of this Directed Independent Study Course.

Requested on this _____
Day Month Year

(Student's Signature)

(Instructor's/Professor's Signature)

Attachment: Course Syllabus