## **DIRECTED INDEPENDENT STUDY CONTRACT College of Engineering & Computer Science**

NOTE: D.I.S. Contract must be typed

Year:				
Semester:	<ul> <li>□ Spring</li> <li>□ Summer I, 5 Wks</li> <li>□ Summer I, 10 Wks</li> <li>□ Minimester: □ Janua</li> </ul>	<ul><li>Summer</li></ul>	II	
Student Name:		I <b>D#</b> : A	Major: _	
Islander Email:			Phone:	() -
Course Prefix & No:				
Course/Study Title:				
Description of Proposed Study:				
Student Learning Objectives:				
Specific Method of Evaluation:				
Student Name (Print)	Student Si	gnature		Date
Supervisor Name (Print)	Superviso	r Signature		Date
Director or Chair Name (Print)	Director o	r Chair Signature		Date
Associate Dean Name (Print)	Associate	Dean Signature		Date

Routed Through Dean's Office (Print)

**Routed Through Dean's Office (Print)** 

Version: March 2024

Date

Processor Name (Print)	Processor Signature	Date
Course Prefix-No.Sec	CRN	