

DIRECTED INDEPENDENT STUDY CONTRACT

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

Year: _____

Semester: ☐ Spring ☐ Fall
☐ Summer I, 5 Wks ☐ Summer I, 7.5 Wks
☐ Summer I, 10 Wks ☐ Summer II
☐ Minimester: ☐ January ☐ May ☐ August

Student Name: _____ ID#: A _____ Major: _____

Islander Email: _____ Phone: _____

Course Prefix & No: _____ Credit Hrs: _____

Course/Study Title: _____

Description of Proposed Study:

Student Learning Objectives:

Specific Method of Evaluation:

Justification:

_____ Student Name (Print)	_____ Student Signature	_____ Date
_____ Supervisor Name (Print)	_____ Supervisor Signature	_____ Date
_____ Director or Chair Name (Print)	_____ Director or Chair Signature	_____ Date
_____ Associate Dean Name (Print)	_____ Associate Dean Signature	_____ Date
_____ Routed Through Dean’s Office (Print)	_____ Routed Through Dean’s Office Signature	_____ Date
_____ Processor Name (Print)	_____ Processor Signature	_____ Date
_____ Course Prefix-No.Sec	_____ CRN	