

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 (Print)

Date

Processor Name (Print)

Processor Signature

Date

Course Prefix-No.Sec

CRN