



Directed Independent Study Contract (DIS)

Name of Student: _____ Semester/Year: _____

Student ID: _____ Phone: _____

E-mail: _____ Major: _____

Student is within 16 hours of graduation: Yes No

Directed Independent Studies Course: _____ Instructor: _____

Course CRN: _____

Why is this DIS Necessary?

Grade Determination and Responsibilities of the Student:

Faculty and student will meet according to the following schedule:

By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

Student Signature

Date

Instructor Signature

Date

Division Dean's Signature

Date

Updated 6/08/2020

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