

DIRECTED INDEPENDENT STUDY CONTRACT

COLLEGE OF SCIENCE

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

Year: _____

- Semester: Spring Fall
 Summer I, 5 Weeks May Minimester
 Summer I, 7.5 Weeks Summer II
 Summer I, 10 Weeks

Student Name: _____ A#: _____ Major: _____

Email Address: _____ Phone: _____

Course Prefix & No: _____ Credit Hrs: _____

Course/Study Title: _____

Description of Proposed Study:

Student Learning Objectives:

Specific Method of Evaluation:

_____ 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 (BIOL-
9999.001)**

CRN