



PROPOSAL FOR DIRECTED INDEPENDENT STUDY/DIRECTED INDEPENDENT RESEARCH

NAME: _____ **Z NUMBER:** _____ **DATE:** _____

EMAIL: _____ **ADVISOR:** _____

NOTE: STUDENTS ARE LIMITED TO 6 CREDITS OF D.I.S./D.I.R. COURSEWORK. EXCEPTIONS ARE MADE ONLY BY PETITION. INDICATE THE NUMBER OF DIS/DIR COURSES AND TOTAL CREDIT HOURS OF THESE COURSES:

OF PRIOR DIS/DIR COURSES: _____ **TOTAL CREDITS OF THESE COURSES:** _____

PROPOSED COURSE # : _____ **CREDIT HRS:** _____ **SEMESTER:** _____ **YEAR:** _____

INSTRUCTOR: _____

PROPOSED TITLE OF COURSE (FOR TRANSCRIPT):

H

BRIEF DESCRIPTION OF STUDY: (YOU MUST ALSO APPEND A SYLLABUS/OUTLINE PROVIDED BY THE INSTRUCTOR)

REQUIRED SIGNATURES:

Student **DATE** **DIS/DIR Instructor** **DATE**

Chair **DATE** **Associate Dean or Dean** **DATE**