Approval Form for Directed Independent Study or Supervised Research

Students may enroll for a Directed Independent Study (DIS) or a Supervised Research Course for the purpose of working individually with a faculty member on a topic. The student negotiates the topic and related requirements with the supervising professor.

DIS and Supervised Research hours are graded on a Satisfactory/Unsatisfactory basis. The university restricts S/U hours applied towards graduation to a maximum of 6 for master’s students and 9 for doctoral students. Once 6/9 credits is reached, the Registrar's Office restricts registration for further DIS/Supervised research hours.

To register for DIS or Supervised Research hours, students must:
1) Negotiate the topic and requirements with the faculty member who will supervise the work
2) Fill out this form and obtain the faculty member’s signature
3) Submit the form to the departmental staff member to obtain a reference code with which to register

Note: an incomplete or unsigned form will not be accepted.

Semester: _____ Spring _____ Summer _____ Fall Year _______________________

Student Name ____________________________________________ EMPLID __________________________

Student’s Email Address __________________________________________________________________________________________

DIS Course Title _________________________________________________________________________________________________

Course Prefix and Number ________________________ Course Credits_______________________________

Supervised Research Course Title __________________________________________________________________________________

Course Prefix and Number ________________________ Course Credits_______________________________

Nature of DIS or Supervised Research (e.g., reading literature, conducting research):

Anticipated Product (e.g., paper, summary of activities, progress report):

Due Date of Product for Submission of S/U Grade ________________________________________________________________

Supervising Professor Name (Print) __________________________________________________________________________

Supervising Professor Signature ________________________________ Date __________________________

Department Chair Signature __________________________________________________________ Date ________________