

## **Department of Chemistry**

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## **DIRECTED INDIVIDUAL STUDY (DIS) FORM**

This form needs to be processed during registration. Students should take the completed form to the Academic Coordinator in 1115 Hand Lab for processing. After the course is created, it is the responsibility of the student to register for the course. If regular registration is closed, students must complete a Late Add Form and take the signed forms to the Registrar's Office for processing.

Please type or print legibly.		
Student Name:		MSU Net ID:
Major:	Concentration:	Current Overall GPA:
Email:	Expected Graduation Date:	
DIS Instructor Name:	Instructor MSU Net	ID:
Course Number: 4000 or	7000 Number. of credit hours:	-
Title of Course:(Instruct	tor completes; maximum 30 characters including	spaces)
	Semester-year DIS course off	
Will this course apply to the stud	lent's degree? Yes No	
Justification for DIS (Why is this opposed program?):	course essential or valuable to your progra	m of study? How will it apply to your degree
student time commitment (commen	orief (1-2 page) syllabus that minimally includes surate with DIS credit hours); (3) learning objecting signments; and (5) course evaluation metrics.	s: (1) course description and credit hours; (2) ctives; (4) required course materials (if any); (5)
Student		Date
Student's Advisor		Date
Student's Undergraduate/Graduate	e Coordinator	Date
DIS Instructor		Date
DIS Instructor's Department Head		Date

COURSE SYLLABUS MUST BE ATTACHED TO THIS FORM