

ECE 4000 Directed Individual Study Approval Form

Student: _____ **Net ID** _____

Instructor: _____ **Credit Hours** _____

Prior DIS Hours: _____

Title: _____
(30 characters max, including spaces)

Term: Fall Spring Summer1 Summer2 Full Summer 20____

Meeting Frequency: _____

Objectives: _____

Grading Scale: _____
(If different from the standard 10-point scale)

Methods of Evaluation: _____
(Basis for grade assignment with % per component. Example: 30% progress, 70% report)

Deliverables: (A final copy must be submitted electronically to the Department in order to meet the completion requirement)

- Research/Project:** Report and/or quality paper
- Course Oriented:** Extended summary (approximately 5 pages)

Signatures:

Student: _____ **Date** _____

Instructor: _____ **Date** _____

Advisor: _____ **Date** _____

Department Head: _____ **Date** _____

Note: A Minimum of a two-page proposal or a course outline is required by the specified deadline. (Please refer to the instructions for additional information).