



DIRECTED INDIVIDUAL STUDY

Submit this form to the Shackouls Honors College the semester prior to the Directed Individual Study (DIS) semester.

Student's Name: _____

MSU ID: _____ Net ID: _____

Instructor's Name & Department: _____

Instructor's Email: _____

Proposed DIS Semester: _____ Number of Credit Hours: _____

Title of Course: _____

Description (Please indicate if this is a research-focused course):

Required Signatures

Student: _____ Date: _____

Instructor: _____ Date: _____

Honors College Dean: _____ Date: _____