



# School of Information Studies

## Directed Independent Study Proposal

LIS 7909—Section # \_\_\_\_\_

Date \_\_\_\_\_

Student Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Semester/Term & Year in which work will be done: \_\_\_\_\_

*Note: Completed projects must be submitted one week prior to the final exam period*

Project Title: \_\_\_\_\_

### ***Approval Signature***

DIS Supervisor: \_\_\_\_\_ / \_\_\_\_\_

Print Name

Signature

Faculty Advisor: \_\_\_\_\_ / \_\_\_\_\_

Print Name

Signature

School Director: \_\_\_\_\_ / \_\_\_\_\_

Print Name

Signature

### **Attachments**

- DIS Syllabus
- Study Objectives & Outline
- Time Table
- Expected Outcome
- Research Methodology (if applicable)