## **DIS REQUEST FORM**

## Department of Instructional Systems and Workforce Development TKT 7000 Directed Individual Study (DIS) for Ed. S.

Date:	Semester and Year DIS will be completed:  Student's Name:		
ID#:			
Choose one of the following	g options and attacl	n the <i>Overview</i> :	
	Project-based DIS Research-based DIS	5	
Title of DIS:			
	g Artifacts or Milest		Due
Student Signature	Date	Major Advisor	Date
Committee Member	Date	Committee Member	Date
Graduate Coordinator	 Date	 Dean	Date