

4000 Directed Individual Study Approval Form

Student: _____ **MSU ID:** _____

Instructor: _____ **Credit Hours** _____

Campus: **Starkville** **Other**

Title: _____
(30 characters max, including spaces)

Term: **Fall** **Spring** **SummerI** **SummerII** **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**
- Course Oriented**

Signatures:

Student: _____ **Date** _____

Instructor: _____ **Date** _____

Advisor: _____ **Date** _____

STUDENT ASSUMES RESPONSIBILITY TO ENROLL IN DIRECTED INDIVIDUAL STUDY.