

Komar University of Science and Technology

Academic Affairs

**Directed Individual Study (DIS)**

**Application Form**

Name/Code of Students:	Department/College
	Date of Filling the Form:
Semester:  Fall                      Spring                      Summer	Year:
Reasons for DIS: 1- Earned 100 credit hours toward graduation and the course will not be offered before graduation: required the approval of chairman and Vice President for Student Affairs. 2- Course or training is not offered any more, required the approval of chairman and Vice President for Student Affairs, or 3- Department justification which requires the approval of the Vice President for Academic Affairs (state that in a separate sheet).	Name of the instructor:  Part-Time or Full-Time If he / she is Part-Time, state the name of the permanent University.  Contact information Email: Telephone:
Name/Code of the Original Course:	No. of Credit Hours:
Pre-Requisite for the course are:	OSAR verification: All pre- requisites are fulfilled. ( ) Yes, ( ) No If not, the student cannot take the course
Student Acceptance: I accept to fulfill the responsibilities to complete the course according to the instructions stated in the syllabus.	
Name/Signature/Date:	
Approval of the chairman: Name/Signature/Date:	Approval of the VP.SA or VP-AA: Name/Signature/Date:

