



Winston-Salem State University

Graduate Directed Individual Study (DIS) Course

WSSU

Date:

Full Name of Student:

Banner ID:

Course Prefix:

Course Number:

Credit Hours:

For the term:

semester:

COURSE TITLE to be entered in BANNER: *Please enter the title below as it is to be printed on your transcript.*

COURSE DESCRIPTION:

DESCRIBE REQUIREMENTS FOR FINAL EVALUATION:

APPROVAL:

Instructor (signature)

Print Last Name

Date

Graduate Program Coordinator and/or Department Chair

Date