Directed Study Request
Valdosta State University
Department of Communication Arts

_________________________  ___________________________
Student Name  Major/Emphasis

870

_________________________
Student ID Number

_________________________
Email Address:

_________________________
Advised by

7/25/2016  ___________________________
Date

Hours earned:  _________  Hours enrolled:  _________  CGPA:  _________

Course Term:

What course do you need to register for in the term requested?

Prefix  Number  Contact  Credit

Title

_________________________
Learning Objectives

Method(s) of assessment (include assignments and weights)

_________________________
Justification for request

_________________________
Student Signature  ___________________________
Advisor Signature

_________________________
Instructor Signature  ___________________________
Date

_________________________
Department Head Signature  ___________________________
Date

Please attach timeline for course