



Directed Study Request  
**Valdosta State University**  
 Department of Communication Arts

Student Name

Major/Emphasis

870

Student ID Number

Advised by

Email Address: \_\_\_\_\_

7/25/2016

Date

Hours earned: \_\_\_\_\_

Hours enrolled: \_\_\_\_\_

CGPA: \_\_\_\_\_

Course Term:

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

<u>Prefix</u>	<u>Number</u>	<u>Contact</u>	<u>Credit</u>	<u>Instructor</u>	<u>Title</u>
		hours	Hours		

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