



Office of the Registrar
 Enrollment Management
 131 College Circle
 Swainsboro, GA 30401
 Tel: (478)289-2014 Fax: (478)289-2353

Directed Study Request Form

Semester: Fall Spring Summer Year: _____

Student Name: _____
Last First

Student ID#: _____

_____ Tele: _____
Address City State Zip Code

General Policies on Directed Study Courses:

1. Academic quality should not be sacrificed in directed study courses. Students are expected to perform at equivalent levels to those in regular courses. Modifications in course requirements should be minor and only reflect procedural matters rather than course content.
2. The primary responsibility for completing a directed study course rests on the student. It is his/her responsibility to make sure that assignments are completed and tests are taken in a timely fashion.
3. As a partner in a directed study course, the instructor agrees to set aside at least one hour per week (more if the class has a lab) to meet with the student. These hours and days (from beginning to end) shall be stated in writing. Instructional hours should not overlap with office hours.

The student agrees to the policies regarding the directed study course.

Student's Signature: _____ Date: _____

To be completed by directed study Instructor:

Campus: Swainsboro Statesboro Augusta Online Part of Term: Full Term Short Session I or II 12 week Session

Course prefix: _____ Course number: _____ Credit hours: _____

Course name: _____

A syllabus must be provided with this document before the course will be created and added to the student's schedule.

Meeting Day(s): M Tu W TR F Meeting Time: _____ Location/Room number: _____

I agree to the polices regarding Directed Study and I have consulted with the student's advisor. Additionally, I understand that I agree to teach the course without compensation.

Instructor's Signature: _____ Date: _____

Approvals:

 Academic Advisor

 Date

 Dean/Dept. Chair

 Date

 Vice President for Academic/Student Affairs

 Date

 Registrar

 Date