



East Georgia College  
 Office of the Registrar  
 131 College Circle  
 Swainsboro, GA 30401  
 Tel: (478)289-2014 Fax: (478)289-2140

**Request for Directed Study**

**To be completed by Student:**

Term: \_\_\_ Spring \_\_\_ Summer \_\_\_ Fall Year: \_\_\_

Last Name	First Name	M.I.	Student ID#
Address			Tel: (___) _____
		Apt #	
City	State	Zip Code	Cell: (___) _____

**General Policies on Directed Study Courses:**

- 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.
- 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.
- 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. **Please attach a syllabus with the number of assignments, exams and other requests for your course.**

By signing this form, the student agrees to the policies regarding a Directed Study course.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Faculty agreeing to Directed Study:**

Course prefix: \_\_\_\_\_ Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Course Name: \_\_\_\_\_  
 Day(s) and time(s) student will meet with faculty: \_\_\_\_\_  
 Location(s) and Room Number(s): \_\_\_\_\_  
 Reason for Directed Study:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

By signing this form, the faculty member agrees to the policies regarding Directed Study and has consulted with the Student's Advisor. Additionally, I understand that I agree to teach the course without compensation.

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval Section:**

\_\_\_\_\_  
 Student's Academic Advisor Date

\_\_\_\_\_  
 Division Chair Date

\_\_\_\_\_  
 Vice President for Academic Affairs Date

\_\_\_\_\_  
 Registrar Date