

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?

Contact Credit

Prefix Number hours Hours Instructor Title

Learning Objectives

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

Justification for request

Student Signature

Advisor Signature