Directed Readings Application
College of Arts and Sciences

6999, Graduate Student Eligibility and Conditions: Student must be within two semesters of graduation. Course 6999 is designed to assist students who have a curriculum problem fulfilling the requirements for graduation.

Registration: This form does not constitute registration. You must register for the course in the usual manner at the time of regular registration for the semester for which the credit is to be earned after approval has been granted.

6999 Application Information
Student Name (please print): ___________________________ ID#: ___________________________
Student GSU Email Address: ___________________________ Major: ___________________________
Semester and Year: ___________________________ Number of Credit Hours (1-4): ________ CRN #________

Program of Study
1. Directed Readings Topic __________________________________________________________
2. Course Objectives, including bibliography (attach additional documents as appropriate)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
3. Course Requirements (presentations, examinations, research projects, etc.)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
4. Grading Policy (grading criteria, including the weight assigned to each requirement)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
5. Frequency of meetings with supervising faculty member (at least once a week)
   __________________________________________________________

Approval Signatures
Faculty Member Name: ___________________________ Faculty Member Signature: ___________________________
Department Chair Name: ___________________________ Department Chair Signature: ___________________________
College Representative Name: Shelly-Ann Williams College Representative Signature: ___________________________
Approved by College Representative: Approved_______ Not Approved ________