



Request for Directed Study

THE STUDENT MAY NOT COMPLETE OR EARN MORE THAN 6 HRS OF CREDIT THROUGH DIRECTED STUDY AT ATHENS STATE UNIVERSITY.

****Course syllabus must be included in request for Directed Study. You may attach an electronic document for review.**

Date: _____

Semester: _____ College: _____

Student's Name: _____

Student ID Number: _____

Course Number: _____ Course Title: _____

Credit Hours: _____ Instructor: _____

Instructor

Date

College Dean

Date

Provost and Vice President
for Academic Affairs

Date

To be assigned by the Registrar:

Registrar

Date

CRN Number _____



Request for Directed Study

Justification for Directed Study

Reason for request: _____

Nature of the research proposal: _____

Method used to evaluate research: _____

Projected research completion date: _____

Signatures Required:

Student

Date

Professor

Date