

APPLICATION FOR DIRECTED READING COURSE
 COLLEGE OF EDUCATION
 GEORGIA STATE UNIVERSITY

Name		Panther ID	
Student Email		Degree Program	
Major		Concentration	
Term/Year		Faculty Advisor	
Course # /Prefix		CRN /Credit Hours	

A student may not substitute a directed reading course for a course which is part of the regular course offerings for the College.

SECTION A: GOALS & OBJECTIVES

SECTION B: ACTIVITIES & EXPECTED OUTCOMES

SECTION C: EVALUATION

I understand that completion of this form does not constitute registration for the course and that I must register for this course in the usual manner. Prior to registration, I must submit this form, completed, to the Office of Academic Assistance & Graduate Admission, 300 COE Bldg.

Student Signature: _____ Date: _____

Signature of Instructor _____ Approve _____ Deny _____

Signature of Principal Advisor _____ Approve _____ Deny _____

Signature of Chair _____ Approve _____ Deny _____

Signature of OAA _____ Approve _____ Deny _____