Eligibility and Conditions: Undergraduate Senior who is within two semesters of graduation. Course 4999 is designed to assist the senior who has 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.

### Application Information

To be completed by student and supervising faculty member

<table>
<thead>
<tr>
<th>Student Name (please print): ________________________________</th>
<th>ID#: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student GSU Email Address: ________________________________</td>
<td>Major: ________________________</td>
</tr>
<tr>
<td>Directed Reading Area of Study: ____________________________</td>
<td>Computer #: ____________________</td>
</tr>
<tr>
<td>Semester and Year: ________________________________</td>
<td>Number of Credit Hours (1-4): ____________________</td>
</tr>
</tbody>
</table>

### 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 (please print)  Date  Department/School Head  Date

Faculty Member Signature  Date  Associate Dean, College of Arts and Sciences  Date

Revised 5/2007