**Eligibility and Conditions:** Must have Full Graduate Status, or the equivalent. Course 6999 is designed to assist the graduate student with a particular curriculum problem. Registration and approval for Course 6999 will be permitted only when an alternate course is not available.

**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

<table>
<thead>
<tr>
<th>Faculty Member Name (please print)</th>
<th>Date</th>
<th>Department/School Head</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty Member Signature</td>
<td>Date</td>
<td>Associate Dean, College of Arts and Sciences</td>
<td>Date</td>
</tr>
</tbody>
</table>

Revised 5/2007