

SOUTH GEORGIA COLLEGE
Request to Offer a Directed Independent Study Course

MEMORANDUM

TO: _____
Division Chairperson

FROM: _____
Instructor

DATE: _____

I request permission to offer _____
Course

on a DIS basis for _____ in _____
Student SGC ID # Semester/Year

Signature of Faculty Member

Signature of Student Requesting DIS

The justification for this request is as follows:

A copy of the syllabus for the Directed Independent Study must be attached.

Approvals: _____
Division Chairperson Date

Vice President for Academic Affairs Date

NOTE: The completed form is to be forwarded to the Vice President for Academic Affairs for approval before a course record number can be assigned. (Form Revised August 2008)