

EAST TEXAS BAPTIST UNIVERSITY
APPLICATION FOR REGISTRATION IN DIRECTED STUDY

The Directed Study Course is for an advanced and/or specified study not available in the current curriculum. Seniors or juniors may be allowed to pursue studies which cross departmental lines *or* to pursue advanced studies in a specific discipline.

Procedure:

- ____ 1. The student must be classified as a **senior** or a **junior** to enroll in a directed study.
- ____ 2. The student and the advisor jointly propose the directed study.
- ____ 3. The advisor, with authorization of the department chair, will select a committee of one or two additional faculty members.
- ____ 4. The project, proposed by the student with direction from the advisor, should include methodology for research and an annotated bibliography.
- ____ 5. The committee will review the proposal and submit it for approval to the department chair and dean of the school.
Approval of the Vice President for Academic Affairs is required if any of the conditions are not met.
- ____ 6. The project will be completed and submitted for evaluation by the committee and a grade assigned through collaboration by the committee.
- ____ 7. A syllabus must be attached to this application.
- ____ 8. A fee of \$25 per semester hour will be assessed for the Directed Study in addition to tuition.

Name of Student _____ ID# _____

Department / Course Number _____ Course Title _____

Credit Hours in this Application _____ Semester / Term _____ Total Credit Hours for this Term _____
(Including hours in this application)

Directed Study Applies In (check one): _____ Major _____ Minor _____ Degree Core

Comments: _____

List Committee Members: _____

Signatures (Signifying Approval):

Student _____ Date _____

Advisor _____ Date _____

Instructor of Course _____ Date _____

Chair of Department Offering Course _____ Date _____

***PERMISSION OF DEAN (Check One)**

____ I verify that all criteria for taking the course are met. (All criteria listed above have been checked.)

____ VP for Academic Affairs must approve this application. (All criteria not met are clearly marked below.)

Comments/Missing Criterion: _____

Signature/Dean of School Offering Course _____ Date _____

Vice President for Academic Affairs (If Required) _____ Date _____

REGISTRAR'S OFFICE USE ONLY

Final Grade Awarded: _____ Instructor: _____ Recorded By: _____