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: __________________________