EAST TEXAS BAPTIST UNIVERSITY APPLICATION FOR REGISTRATION IN CONFERENCE COURSE

(Regular Catalog Course Only)

The Conference Course is to be utilized only when extraordinary circumstances are required in order for the student to meet degree requirements. The Department Chair may recommend a course substitution for a course requirement within the department curriculum in lieu of a conference course. The conference course: A) should **not** be used to bypass fundamental portions of the curriculum, B) should **not** be used to enhance the GPA. ____C) should **not** be used to repeat a previously failed course, or D) should **not** be used for the convenience of the student. Procedure: 1. The student must be classified as a **senior** or a **junior** to enroll in a conference course. 2. The student's advisor must approve the conference course only after **considering all other options**. 3. A conference course is permitted only if the following requirements are met: a. A course deficiency is demonstrated upon examination of the student's degree audit. _____ b. There are irreconcilable course scheduling conflicts. _____ c. There is no departmentally acceptable course substitute. d. The course is not offered during the current academic year. _4. A specialized course syllabus, specific to the conference format, must be presented to the student in lieu of the regular syllabus. A copy of the syllabus **must be attached** to the application. 5. The advisor, instructor, department chair, and dean of the school must approve the application. Approval of the Vice President for Academic Affairs is required if any of the conditions are not met. 6. A fee of \$25 per semester hour will be assessed for the conference course 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) Conference Course Applies In (check one): _____ Major ____ Minor ____ Degree Core Signatures (Signifying Approval): Student _____ Date _____ Date _____ Instructor of Course _____ Date _____ Chair of Department Offering Course *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 _____ Vice President for Academic Affairs (If Required) Date _____ REGISTRAR'S OFFICE USE ONLY Final Grade Awarded: _____ Instructor: _____ Recorded By: ____