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.

Students registering for a Directed Study must complete the following form, obtaining all necessary signatures, and present it to the Office of the Registrar with the syllabus attached no later than 30 prior to the start of the term in which the course will be taken.

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 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.
   Dean will bring form to Dean’s Council for approval of course.
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. The student is aware that a fee of $25 per credit 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 Term ________
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.)
Comments: ______________________________________________________________________
Signature/Dean of School Offering Course ____________________________________________ Date ______________
Dean’s Council Approval: ______________________ Approved _______ Denied _______ Date ______________

REGISTRAR’S OFFICE USE ONLY
Final Grade Earned __________ Course Completed Date ______________
Recorded By ______________________________