EAST TEXAS BAPTIST UNIVERSITY APPLICATION FOR REGISTRATION IN CONFERENCE COURSE

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.

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.

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 at least 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 plan.
   b. There are irreconcilable course scheduling conflicts.
   c. There is no departmentally acceptable course substitute.
   d. The course is not offered during the 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. The student is aware that a fee of $25 per credit hour will be assessed for the conference course in addition to tuition.

Name of Student ________________________________________ Student ID ____________________

Department / Course Number __________________ Course Title ___________________________

Credit Hours in this Application _____ Semester / Term ___________ Total Credit Hours for Term ____________

Conference Course Applies In (check one): _____ Major _____ Minor _____ Degree Core

Comments: _______________________________________________________________________________________________

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 __________________

Vice President for Academic Affairs (If Required) ___________________________ Date __________________

REGISTRAR’S OFFICE USE ONLY

Final Grade Earned ___________ Course Completed Date ____________

Recorded By ___________________________ Date __________________