



EAST TEXAS BAPTIST UNIVERSITY

ONE TIGER DRIVE ~ MARSHALL, TX 75670 ~ (903) 923-2064 ~ REGISTRAR@ETBU.EDU

OFFICE OF THE REGISTRAR

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 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. 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# _____

Application is for (*check one*): _____ Directed Study _____ Honors Course

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 _____

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

REGISTRAR'S OFFICE USE ONLY

Final Grade Earned _____ Course Completed Date _____

Instructor's Signature _____ Date _____