



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 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. 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 directed study 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/Missing Criterion: _____

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 _____