

Specialized Directed Study Proposal

STUDENT: _____ NOBTS-ID: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

SPECIALIZATION: _____ TRIMESTER: _____ YEAR: _____

(The student should complete the above information and the first two questions below, and then submit the form to the professor. The professor should sign and date the form and forward it to the Office of Professional Doctoral Programs. The Associate Dean will sign and date the form and send copies to the professor and the student. The student and the professor are responsible for developing the details of the seminar including objectives, requirements, due dates, etc. **No student will be allowed to register for a Specialized Directed Study who does not have an approved form on file in the Office of Professional Doctoral Programs.**)

Briefly describe the proposed Directed Study: _____

How does this proposal relate to your specialization and/or anticipated project in ministry:

Professor's Comments (see attached syllabus): _____

Associate Dean's Comments: _____

Student Signature _____ Date

Approved By:

Professor _____ Date _____ Division _____

Associate Dean of _____ Date
Professional Doctoral Programs

Dean of Graduate Studies _____ Date

NOTE: Forms may be faxed, mailed, or duplicated as an e-mail and sent directly to a professor. Completed forms should be returned to:

The Office of Professional Doctoral Programs
3939 Gentilly Blvd.
New Orleans, LA 70126
Fax: (504) 816-8170
E-mail: dmin@nobts.edu