

**NOBTS Doctor of Education Program
Specialized Direct Study Approval
Email: edd@nobts.edu
Phone: 504-816-8105**

Student Name: _____

Date: _____

NOBTS-ID #: _____

Major _____

Please Check:

- CEDS9400 Directed Study in CE.
- CEDS8300 Directed Study in CE.
- Spring Semester/Year: _____
- Summer Semester/Year: _____
- Fall Semester/Year: _____

The student should complete the above information and the first two questions below. The student and the professor are responsible for developing the details of the seminar including objectives, requirements, due dates, etc. After developing a syllabus for the course in collaboration with the student, the professor and the student will sign and date the form (with attached syllabus) and the professor will forward it to the Doctor of Education Program Office.

Briefly describe the proposed Directed Study: _____

How does this proposal relate to your concentration and/or anticipated writing project?

Student Signature

Date

Approved By:

Professor Signature

Date

Director of Doctor of Education Program

Date

Dean of Graduate Studies

Date