

# NOBTS Doctor of Education Program

Specialized Direct Study Approval

Email: edd@nobts.edu  
Phone: 504-816-8105

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOBTS Students ID #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Date

---

Dean of Graduate Studies

Date

3939 Gentilly Blvd  
Box 131  
New Orleans, LA 70126