

DEPARTMENT OF PSYCHOLOGICAL & BRAIN SCIENCES

MA DIRECTED STUDY APPLICATION

Name: _____ Date: _____

BU ID#: _____ Email: _____

Semester (*Please circle*): FALL SPRING

Please briefly describe the research area you intend to study:

Student's Signature: _____ Date: _____

Faculty Supervisor (Print name): _____

Signature: _____ Date: _____

Director of Academic Affairs (Print name): _____

Signature: _____ Date: _____

Please return to the main office at 64 Cummington Mall, Room 149.

Deadline: Application must be submitted by the last day to add classes in the semester in which you are doing your study.