DIRECTED STUDY/DIRECTED RESEARCH PROPOSAL AND REGISTRATION FORM
BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH

The registration is for (Circle one semester): Fall Spring Summer Summer 2 Year: _____

Student Name: ____________________ ____________________  Today’s Date: ___/___/___
First       Last

BU Student ID: __ __ __/____ __ __ __  Cell Phone: (____) ____ - ______  Email: ________________________

Degree Program (Circle): MPH   MS  DrPH  PhD  Expected Date of Graduation: ___________________

Course Number: _______  Credit Hours*: _______  Faculty Supervisor: _________________________

*3 hours of directed study or directed research time is equivalent to one hour of class time

Project Title: ____________________________________________________________

Project Proposal:
(Supply a short description here or in an attached document.)

IMPORTANT: How many credits will you have after changes? How will it impact your student account? Part time status is 1-11 credits and full time status is 12-18 credits. Mandatory health insurance is added to the account of any student registered for 9 or more credits at any point in the semester. You may not be able to waive the charge if the semester waiver date has passed. Check the Boston University Student Accounting Services web page for more information. By signing below, you are authorizing registration in the course listed above. Errors on the form may result in a registration that cannot be changed, so please check all entries prior to submitting this form.

Student Signature: ____________________________________________ Date: ______________________

Required Signatures: If a full-time SPH Faculty member is sponsoring your project, only his/her signature is required. That faculty member will supervise your project and grade your paper. If a Part-Time or Adjunct SPH faculty member is sponsoring your project, then you must also obtain the appropriate department chairperson’s signature. In this case, both people will review and grade your paper, with the Chair ultimately submitting your grade to the SPH Registrar’s Office. (See Department concentrator guide for a list of full/part time faculty).

Faculty Approval: ____________________________________________ Date: ______________________

Department Chair*: ____________________________________________ Date: ______________________
(*If necessary as noted above)

Return completed forms to the SPH Registrar’s Office, 715 Albany Street, T210 Center
Forms may also be scanned and e-mailed or faxed to 617-638-5060.