



# DIRECTED STUDY/RESEARCH PROPOSAL & REGISTRATION FORM

Use this form to add a directed study or directed research. If a full-time SPH faculty member is sponsoring your project, only their signature is required. The faculty member will supervise your project and grade your paper. If a part-time or adjunct SPH faculty member is sponsoring your project, you must also obtain the appropriate department chair signature. In this case, both people will review and grade your paper and the chair will ultimately submit your grade. **Credit guidelines: 3 hours of directed study or directed research time is equivalent to 1 hour of class time.** Students may apply up to 8 credits of directed studies or directed research toward an MPH.

Note that part time status is 1-11 credits and full time status is 12-18 credits. Your student account may be adjusted as a result of adding a directed study/research. 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 [Student Accounting web page](#) for more information.

U \_\_\_\_\_  
Student's BU ID Number      Student's Last Name      Student's First Name      Expected Grad Date (MM/YYYY)

Degree:       MPH  BA/MPH  BS/MPH  MBA/MPH  JD/MPH  MS/MPH  MD/MPH  MSW/MPH

MPH Funct Cert: \_\_\_\_\_ MPH 2<sup>nd</sup> Cert: \_\_\_\_\_

MS  PhD  DrPH in \_\_\_\_\_  Other \_\_\_\_\_  
Program

\*Registrar Use Only\*

Semester:    Fall    Spring    Summer 1    Summer 2   \_\_\_\_\_   Credits: \_\_\_\_\_   Section: \_\_\_\_\_  
Year

### Course Number (check the correct number):

Directed Study:       BS901    EH961    EP911    GH941    LW951    MC931    PH931    PM931    SB921

Directed Research:  BS902    EH962    EP912    GH942    GH942    LW952    MC932    PM932    SB922

**Project Title:** \_\_\_\_\_

Project Proposal (indicate here or attach a document):

I acknowledge that I am authorizing registration in the course listed above.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### \*\*\*For Faculty/Chair Use Only\*\*\*

**Faculty Supervisor (print):** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Dept chair signature only required if faculty supervisor is not a full-time SPH faculty member

### For Program/Certificate Director

(only if applicable)

This directed study will count towards the following requirement (list course/requirement area): \_\_\_\_\_

**Program/Certificate Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_