

COM / Graduate Directed Study Request Form

Students who wish to register for a Directed Study must find a full-time faculty member who will sponsor their project or study, evaluate their performance, and grade the results.

Name: _____ BU ID#: _____

Degree Program: _____

Email: _____ Telephone: _____

Semester: Fall: Spring: Year: _____ Department: _____

Course #: _____ Credits: _____ Sponsoring Professor: _____

Agreement: It is expected that there will be regular discussion between the student and the sponsor to monitor the progress of the project. The student will submit to the sponsoring faculty member a formal proposal that outlines goals and a plan of action. The sponsoring instructor will monitor the student's performance throughout the project/study and will grade the final written report.

Student Signature: _____ Instructor Signature: _____

Please attach a typed description of your proposed Directed Study, including the following points:

- Explanation and justification of the objectives of the Directed Study
- Number of meetings/frequency of contact between student and instructor
- Number of assignments to be completed and when they will be due
- Any other pertinent information (e.g., readings, research, etc.)

Please be as thorough as possible. Remember that a Directed Study is considered a full academic course at Boston University and will be treated as such by the College.

Chairperson's Approval:

Chairperson Signature: _____ Date: _____

**This form must be signed by both the instructor and the chairperson of the Department*
Please return by email to comgrad@bu.edu.*