

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): _____

Faculty Supervisor's Signature _____ Date: _____

Director of Academic Affairs (Print name): _____

Director of Academic Affairs' Signature: _____ Date: _____

Please note that completed applications need to be emailed to psych@bu.edu by the last day to add classes in the semester in which you are enrolling for directed study.

You must also register for your Directed Study via the student link. The course number for Directed Study is PS901 (Fall) and PS902 (Spring). You need to obtain your faculty section for your Directed Study by emailing psych@bu.edu.