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.

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
□ MS   □ PhD   □ DrPH in ______________________________
□ Other _____________________

MPH Funct Cert: ___________________________________   MPH 2nd Cert: ____________________________________
□ MS   □ PhD   □ DrPH in ______________________________
□ Other _____________________

Semester: □ Fall   □ Spring   □ Summer 1   □ Summer 2   _________ Credits: ________ Section: _____________
Year

Course Number (check the correct number):
Directed Study: □ BS901   □ EH961   □ EP911   □ GH941   □ GH943   □ LW951   □ MC931   □ 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***
□ This directed study will count towards the following requirement (list course/requirement area):

__________________________________________________________

Faculty Supervisor (print):____________________________________
Faculty Signature: __________________________ Date: ______________

Department Chair Signature: __________________________ Date: ______________

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