Registrar's Office
Boston University | School of Public Health
715 Albany St, Talbot 210C | Boston, MA 02118
P 617-358-3434 E sphregr@bu.edu

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 2nd Cert: _____

☐ MS ☐ PhD ☐ DrPH in _____ ☐ Other _____
Program

Registrar Use Only

Semester: ☐ Fall ☐ Spring ☐ Summer _____ **Credits:** _____ Section: _____
Year

Course Number (check the section which corresponds with the faculty supervisor):

Directed Study: ☐ BS901 ☐ EH961 ☐ EP911 ☐ GH941 ☐ PM931 ☐ SB921

Directed Research: ☐ BS902 ☐ EH962 ☐ EP912 ☐ GH942 ☐ 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:**_____