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 waive 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: □ MS □ PhD □ DrPH in Environmental Health □ Other _________________________
MPH 2nd Cert: _________________________
Semester: □ Fall □ Spring □ Summer 1 □ Summer 2 □ Fall □ Spring □ Summer 1 □ Summer 2 Credits: 1 Section: EH795
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: Urban Biogeoscience and Environmental Health: From Research to Policy

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: _________________________