



Boston University School of Medicine
 Division of Graduate Medical Sciences
M.S. in Clinical Research Program

Directed Study Form

Directed study provides the opportunity for students to explore a special topic of interest under the direction of a MSCR faculty member. Students may register for 2 credits of directed study by submitting a paper registration form, after the MSCR faculty member has agreed to work with the student on a specific project. Directed studies with a non-MSCR faculty member or adjunct member must first be approved by and assigned to the Director of MSCR as Faculty Sponsor.

Please complete the fields below, sign and date. Please then obtain the required signatures [see above]. Once complete, please submit to the Director/Asst. Director of MSCR. You must also complete a Registration Form to add this to your schedule of courses.

This proposal is for: Spring; Summer I, II; Fall Semester. Year: _____ Current Date: _____

Student Name: Last: _____ First: _____

BU Student ID: U _____ Daytime Phone Number: _____

Email Address: _____

Faculty Sponsor: _____

Course Number: CI 691 or CI 692 Credit Hours: 2

Project Title: _____

Project Proposal [please provide a brief description of your intended project]:

Student Signature: _____

Faculty Signature: _____ Date: _____

MSCR Director/Assistant Director Signature: _____ Date: _____

****If required [see above].**

Please submit completed form with required signatures to the Director or Asst. Director of MSCR: