

# College of Public Health Directed Study Registration Form



**USE THIS FORM ONLY.**

## **PART I (Must be submitted prior to the close of the registration period.)**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Program:  MPH  DrPH  Non-Degree  
Directed Study Term:  Fall  Spring  Summer  
Year: \_\_\_\_\_

Department Overseeing Proposed Directed Study: \_\_\_\_\_

Proposed hours for this Directed Study course: \_\_\_\_\_

Total Number of Completed Hours in the College of Public Health, to date: \_\_\_\_\_

Proposed enrollment hours for this registration term (excluding the proposed Directed Study): \_\_\_\_\_

Have you successfully completed a COPH Directed Study prior to this request? \_\_\_\_\_

If yes, how many credit hours did you receive? \_\_\_\_\_

\_\_\_\_\_  
Student Signature

## **APPROVED FOR DIRECTED STUDY REGISTRATION:**

\_\_\_\_\_  
Preceptor

\_\_\_\_\_  
Faculty Overseer

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Associate Dean for Academic Affairs

\_\_\_\_\_  
Department Chair for Proposed Directed Study

## **Part II (Must be submitted prior to the WP/WF deadline.)**

**[A written work plan must accompany this form.](#)**

**APPLICATION FOR DIRECTED STUDY  
WORK PLAN SUBMISSION:**

**APPROVED:**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Overseer

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Associate Dean for Academic Affairs

\_\_\_\_\_  
Date