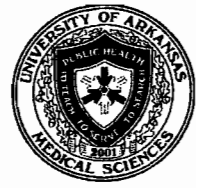


Fay W. Boozman College of Public Health Directed Study Registration Form



USE THIS FORM ONLY.

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

Name: _____

Student ID Number: _____

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