

**Tufts University School of Medicine
Public Health & Professional Degree Programs**

Directed Study Proposal Form

A maximum of one credit of directed study coursework may be taken by each student. Additional credits must be approved by the Program Director.

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Student ID#</i>
<i>Local Telephone Number</i>		<i>Email Address</i>	

Title of Directed Study: Title must be 20 characters or less.

DS:

This directed study will use the syllabus from a pre-existing course: Course # _____

Semester/Year: _____ Credits: _____

Please attach a sheet that describes

1. The intellectual content and questions to be addressed,
2. How this topic area will be studied (e.g. readings, activities)
3. The expected product (e.g. paper, report, annotated bibliography).

If you will follow an existing syllabus please attach it and note how you will modify the content or assignments.

Basis for evaluation/grading (**circle one**): Written Exam Oral Exam Final Paper

Grading scheme (**circle one**): Satisfactory/Unsatisfactory Letter Grade

Number of previously earned Directed Study MPH/HCOM/PREP credits _____

Student Signature _____ *Date*

Directed Study Instructor Signature AND email address _____ *Date*

MPH: Concentration Leader or Track Director / All Other Programs: Program Director _____ *Date*

Chair of the Academic Affairs Committee: Susan Koch-Weser _____ *2nd AAC Member (recruited by AAC Chair as Reviewer)*

Registrar for PHPD Signature _____ *Date*

Program Director's Signature required if 1 Directed Study credit has previously been earned: _____

For office use only

Course Number _____ Section Number _____