Tufts University School of Medicine  
Public Health & Professional Degree Programs  

Directed Study Proposal Form

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

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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Student ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Telephone Number</td>
<td>Email Address</td>
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</tbody>
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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: ______

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

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

Number of previously completed Directed Study MPH/HCOM/PREP courses ________________

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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 ___________________________ 2nd AAC Member (recruited by AAC Chair as Reviewer)

Registrar for PHPD Signature ___________________________ Date ____________

Program Director's Signature required if 3 or more directed study credits have already been completed: ________________

For office use only

Course Number ___________________________ Section Number ___________________________

Last updated 03/2020