

MCPHS UNIVERSITY  
RESEARCH PROJECT OR DIRECTED STUDY  
INSTRUCTOR APPROVAL FORM

**SEMESTER** \_\_\_\_\_

**NAME** \_\_\_\_\_ **ID#** \_\_\_\_\_ **PROGRAM** \_\_\_\_\_

RESEARCH PROJECT OR DIRECTED STUDY {1, 2 or 3 credits}

COURSE NUMBER \_\_\_\_\_ AS LISTED ON REGISTRATION FORM

**CREDITS** \_\_\_\_\_

**Location (check one):**      **Boston**      **Worcester**      **Manchester**      **Online**

\_\_\_\_\_  
Instructor's Name (Please type or print)

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
**SIGNATURE of Program Director or Department Chair**

**Signatures are MANDATORY**

**For office use only:**    **Student Accts:** \_\_\_\_\_    **Registrar:** \_\_\_\_\_