

MCPHS UNIVERSITY
RESEARCH PROJECT OR DIRECTED STUDY
INSTRUCTOR APPROVAL FORM

SEMESTER _____

NAME _____ **ID#** _____ **PROGRAM** _____

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

COURSE NUMBER _____ **AS LISTED ON REGISTRATION FORM**

CREDITS _____

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: _____
