## **COM** | Undergraduate Directed Study Request Form

Undergraduate students who wish to register for a Directed Study with one of our COM departments must find a full-time faculty member who will sponsor their project or study, evaluate their performance, and grade the results.

Name:				BU ID#:		
Email:			Mobile Pho	one:		
Term:	Fall	Spring	Summer	20	Department:	
Course # (C	CM474, FT491	, JO490):	Jnits: Spon	soring Profes	ssor:	
member to proposal th	monitor the pat outlines go	progress of the proj	ect. The student ction. The spons	will submit to oring instruct	n the student and the sponsoring faculty o the sponsoring faculty member a formal tor will monitor the student's performance	
Student Signature			Instructor Signature:			
Please atta	ch a descripti	on of your propose	d Directed Study	v, including th	ne following points:	

- · Explanation and justification of the objectives of the Directed Study
- Number of meetings/frequency of contact between student and instructor
- Number of assignments to be completed and when they will be due
- Any other pertinent information (e.g., readings, research, etc.)

Please be as thorough as possible. Remember that a Directed Study is considered a full academic course at Boston University and will be treated as such by the College. Directed Study courses are letter graded and cannot be taken pass/fail. Directed Study can only be taken for 2 or 4 units.

## Chairperson's Approval:

Chairperson Signature:

\_Date:\_\_\_

\*This form must be signed by the student, the instructor and the chairperson of the COM department offering the Directed Study. The Directed Study is added to the student's schedule by the course offering COM department (CM, FT, JO)\*