

Kent State University
College of Public Health

DIRECTED RESEARCH AUTHORIZATION FORM

This form must be completed prior to registration for Directed Research (80198). Student can enroll for up to 15 semester hours in Directed Research and it is repeatable for credit toward the Public Health Doctoral Degree.

Course Subject: *(select one)* EPI HPM PRSC

Current/completed # of Credit Hours of 80198: _____ Semester/Year _____

1. Indicate semester/year of proposed study and number of credits for this Directed Research:

Semester: _____ Year: _____ Number of credits requested (1-15): _____

2. Indicate the purpose of the proposed Directed Research:

3. Required Readings:

4. What does student have to do for satisfactory completion? Note when due.

Number of credits approved: _____

Faculty Name: _____

Student Name: _____

Signature: _____

Signature: _____

Date: _____

Banner ID #: _____

College Dean: _____

Date: _____

Signature _____

Date: _____

After signatures have been obtained, deliver this form to the Department Administrative Assistant to complete the process.