



SCHOOL OF PUBLIC HEALTH

Directed Study Report

Use for *BSTA 500 Reading & Research, EPI 505/605 or ESHH 505 Reading & Conference, EPI 650 Mentored Epi Research, and PHE or HSMP "By Arrangement" courses.*

This form must be submitted on or before the last day of the term.

Term/Year: _____ Credits: _____ Course: _____

I. Student Information

Name: _____ Student ID: _____
Program: _____ Supervising Faculty: _____

II. Title of Study Activity or Project: _____

III. Hours per week: Independently on activity _____ With supervising faculty _____

IV. Summary of Study Activity or Project

Please summarize work completed for your study activity or project this term.

V. **Learning Objectives and Product:** Please describe how you met the learning objectives outlined at the beginning of the term on your Directed Study Activity Request. Attach relevant work product(s).

Student Signature

Date

To be completed by Faculty Supervisor:
Recommended Grade: ___ Pass ___ No Pass
(For BSTA 500, EPI 505/605, ESHH 505, EPI 650, or
P/NP graded PHE or HSMP By Arrangement Courses ONLY)

or ___ (A-F)
(For letter-graded PHE or HSMP By Arrangement Courses ONLY)

Supervising Faculty Signature

Date

Submit this form to the Program Office, GH Rm. 233 | sphregistration@ohsu.edu

Please allow sufficient time for your faculty supervisor to sign and forward the completed form on or before the last day of the term.