

COLLEGE OF PUBLIC HEALTH
UNIVERSITY OF SOUTH FLORIDA

DIRECTED RESEARCH CONTRACT
PHC 7910 (PhD/DrPH Only)

1 – 19 Credit Hours S / U Grade ONLY
[Course Description: Advanced research, design and application]

The completion of an approved Training Program in
HUMAN RESEARCH PROTECTIONS IS REQUIRED FOR THIS CLASS

- Instructions for the training in Human Research Protections are available at:
http://www.research.usf.edu/cs/irb_education.htm
- Copy of completion certificate is required for registration permit to be issued

CURRENT DATE: _____ SEMESTER _____ 20 _____

NAME: _____ ID # _____
(please print)

DEPT: _____ DEGREE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (H) _____ (W) _____

USF HEALTH EMAIL ADDRESS: _____ CREDIT HOURS: _____

ATTACH: A one-page typed proposal [NO HAND WRITTEN PROPOSALS WILL BE ACCEPTED] that includes the following:

1. One **typed** paragraph description of proposed research.
2. Objectives of the research.
3. Required specific outcomes/products.

I have read and approve the attached one-page proposal and agree to supervise the student for this Directed Research.

Instructor's Name (Print) Instructor's Signature (NOTE: INSTRUCTOR WILL ISSUE THE GRADE) Date _____

Major Advisor's Name (Print) Advisor's Signature Date _____

Student's Signature Required Documents (copies) Attached _____ Date _____
(check here)

ORIGINAL TO: Academic Affairs Office with Human Research Protections Certificate and Registration Worksheet COPY TO: Student, Advisor, Instructor