

BOSTON COLLEGE GRADUATE SCHOOL OF NURSING
RESEARCH OPTION FORM

Name _____ Specialty _____

Semester

Fall _____ Spring _____ Summer _____ Year _____

_____ NURS 7524 - MS Research Practicum

Area of Interest _____

Faculty _____

OR

_____ NURS 7525 – Integrative Review Nursing Research

Area of Interest _____

Faculty _____

Learning Objectives for the Specific Research Option (also ATTACH BRIEF WRITTEN PROPOSAL)

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Grad Program Staff

Signature: _____ Date: _____