



**Florida State University College of Medicine**  
**Interdisciplinary Medical Sciences Degree Program**  
**Directed Individual Study (DIS)/ Honors Work Forms & Instructions**

**For Undergraduate Directed Individual Study**

1. Establish your research work and DIS commitment with a faculty mentor. IMS students can participate in DIS research with FSU Colleges and departments affiliated with the IMS Degree Program.
2. Determine the process used by the faculty member's home department to register for DIS. DIS and Honors Work in the Interdisciplinary Medical Sciences Program must be letter graded.
3. IMS students will complete **FORM A and FORM B** including the faculty signature. Non-IMS majors will use FORM C to register for DIS with any College of Medicine Faculty.

**IMS Students**

**Use Form A to enroll in research credit hours with the College of Medicine departments (Biomedical Sciences, Behavioral Sciences and Social Medicine, Family Medicine, Geriatrics, or Clinical Sciences). IMS students must have 3.0 GPA to be eligible for DIS.**

**IMS Students**

**Use Form B to have any research work approved toward IMS upper division elective credit. This form is for IMS students seeking elective credit for DIS completed in any FSU department (eg. Psychology, Biological Sciences). IMS students must have 3.0 GPA to be eligible for DIS.**

**Non-IMS Students**

**Use Form C to enroll in research credit hours with a College of Medicine faculty mentor.**

4. Submit the completed forms to [IMSadvising@med.fsu.edu](mailto:IMSadvising@med.fsu.edu). Forms are due the last day of classes the semester prior to the term when the DIS will be done. Students will be notified when the registration process is complete.



**Florida State University College of Medicine**  
**Interdisciplinary Medical Sciences Degree Program**

**Form A: DIS / Honors Work Registration Form**

Submit this form to enroll in research credit hours with the College of Medicine departments (Biomedical Sciences, Behavioral Sciences and Social Medicine, Family Medicine, Geriatrics, or Clinical Sciences). IMS Students must have 3.0 GPA to be eligible for DIS. USE THIS FORM only to register for College of Medicine DIS or Honors work.

Because health and medical sciences encompass a broad field of study and practice, DIS and Honors Work for the IMS degree can be completed in a variety of disciplines within the departments affiliated with the IMS Degree Program.

IMS Students must also submit FORM B below in order to have DIS or Honors Work count toward upper division elective credit for their degree. **Students taking more than 3 credit hours of DIS or Honors Work must consult with the IMS Research Director for advising on credit toward their major electives.**

DIS and Honors Work in the Interdisciplinary Medical Sciences Program are letter graded.

**Directed Individual Study**

- DIS are variable credits between 1 – 3 credit hours.

**Honors Work**

- Honors Work is variable credits between 1 – 6 credit hours.

**DIS APPROVAL DEADLINE:** This form must be submitted by the last day of classes the semester prior to the DIS term.

SEMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_ Number of Credit Hours for this DIS (choose one): \_\_\_ 1 credit \_\_\_ 2 credits \_\_\_ 3 credits

Course Number (Choose one):

\_\_\_ BMS4901 DIS in Biomedical Sciences  
 \_\_\_ IHS4904 DIS in Health Sciences

\_\_\_ BMS4903 Honors Work in Biomedical Sciences  
 \_\_\_ IHS4900 Honors Work in Health Sciences  
 \_\_\_ BMS4906 Honors Work in Clinical Sciences

**Student Information:**

Name: \_\_\_\_\_ FSU Email: \_\_\_\_\_ Major: \_\_\_\_\_ Current GPA: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Faculty Information:**

Faculty Name and Title : \_\_\_\_\_ Email Address: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Topic/Title of Directed Individual Study (not required for Honors Work hours), limit of 30 characters:  
 \_\_\_\_\_

Additional information or details regarding requirements agreed upon by the faculty and student:  
 \_\_\_\_\_

**IMS Research Approval:** \_\_\_\_\_

**IMS DIVISION SIGNATURE:** \_\_\_\_\_

**IMS Program Office Use Only**

**APPROVED:** \_\_\_\_\_

Section \_\_\_\_\_ Course Number \_\_\_\_\_ Date Entered \_\_\_\_\_



**Florida State University College of Medicine**  
**Interdisciplinary Medical Sciences Degree Program**

**Form B: IMS Elective Approval Form for DIS/Honors Work**

Complete this form to have any research work approved toward IMS upper division elective credit. This form is for IMS students seeking elective credit for DIS completed in any FSU department (eg. Psychology, Biological Sciences, Family and Child Sciences). IMS students must have 3.0 GPA to be eligible for DIS.

Because medical sciences encompass a broad field of study and practice, DIS and Honors Work for the IMS degree can be completed in a variety of disciplines within the 7 colleges and numerous departments affiliated with the IMS Degree Program. DIS and Honors Work topics must be related to health sciences and approved by the Director for Student Research for the College of Medicine in order to count toward upper level elective for the degree.

**Students taking more than 3 credit hours of DIS or Honors Work must consult with the IMS Research Director for advising on credit toward their major electives.** Research work may apply toward IMS degree upper division electives when approved by the IMS Research Director. This may be Directed Individual Study (DIS) or Honors Work credits. DIS and Honors Work in the Interdisciplinary Medical Sciences Program must be letter graded.

**Student Information:**

Name: \_\_\_\_\_ FSU Email: \_\_\_\_\_ Major: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Semester and Year of DIS/Honors Work (e.g. Fall, 2018): \_\_\_\_\_

Number of Credit hours: \_\_\_\_\_

**Check the appropriate response for any DIS or Honors Work:**

\_\_\_\_\_ I have NOT requested any prior DIS or Honors Work to count toward IMS Upper Division Elective Credit

\_\_\_\_\_ I have requested prior DIS or Honors Work to count toward IMS Upper Division Elective Credit

Course, Semester & Year: \_\_\_\_\_ Faculty Mentor: \_\_\_\_\_

Course, Semester & Year: \_\_\_\_\_ Faculty Mentor: \_\_\_\_\_

Course, Semester & Year: \_\_\_\_\_ Faculty Mentor: \_\_\_\_\_

DIS or Honors Prefix and Number (e.g. BMS4901): \_\_\_\_\_

Registration Confirmation: \_\_\_\_\_ I have or will be registered for this DIS through the IMS Program. (Form A must also be completed)

\_\_\_\_\_ I have or will be registered through my faculty mentor's department. (Student's responsibility)

Topic/Title of Directed Individual Study (as appears on transcript; title not required for Honors Work hours): \_\_\_\_\_

**Faculty Information:**

Faculty Name and Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Brief description of the research conducted while enrolled in the DIS or Honors work. Provide information about the duties and responsibilities related to the research, research skills learned or developed, and learning outcomes from the experience.

I am seeking approval for these credit hours to apply toward my Upper Division Elective credits for my IMS Degree. I attest that the description of the work completed for this DIS/Honors Work is true.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMS Research Approval**

IMS DIVISION SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



**Florida State University College of Medicine**  
**Interdisciplinary Medical Sciences Degree Program**

**Form C: DIS Registration for Non IMS Students**

Complete this form if you are a non-IMS student seeking to enroll in research credit hours with a College of Medicine faculty mentor/department.

**Directed Individual Study**

- DIS are variable credits between 1 – 3 credit hours.

**Honors Work**

- Honors Work is variable credits between 1 – 6 credit hours.

**DEADLINE:** This form must be submitted by the last day of classes the semester prior to the term the DIS will be taken.

SEMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_ Number of Credit Hours for this DIS (choose one): \_\_\_ 1 credit \_\_\_ 2 credits \_\_\_ 3 credits

Course Number (Choose one):

\_\_\_ BMS4901 DIS in Biomedical Sciences  
 \_\_\_ IHS4904 DIS in Health Sciences  
 \_\_\_ Other: \_\_\_\_\_

\_\_\_ BMS4903 Honors Work in Biomedical Sciences  
 \_\_\_ IHS4900 Honors Work in Health Sciences  
 \_\_\_ BMS4906 Honors Work in Clinical Sciences

**Student Information:**

Name: \_\_\_\_\_ FSU Email: \_\_\_\_\_

Major: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Faculty Information:**

Faculty Name and Title : \_\_\_\_\_ Email Address: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Topic/Title of Directed Individual Study (not required for Honors Work hours), limit of 30 characters:

Additional information or details regarding requirements agreed upon by the faculty and student:

**IMS Program Office Use Only**

**APPROVED:**

Section

Course Number

Date Entered