For Directed Individual Study enrollment with Faculty Mentor in the IMS Program:

1. Establish your research work and DIS commitment with a faculty mentor. This can be with FSU Colleges and departments affiliated with the IMS Degree Program.

2. Meet with Dr. Elizabeth Foster, IMS PreHealth Academic Programming Director, to discuss the nature of the research and its applicability to your degree and career aspirations. To schedule an appointment, please email Dr. Foster at: Elizabeth.Foster@med.fsu.edu

3. Obtain the IMS DIS/Honors Work Form from Dr. Foster or the IMS Program Office.

4. The IMS DIS/Honors Work Form requires the following signatures:
   a. Student
   b. Faculty Mentor
   c. Dr. Elizabeth Foster, IMS PreHealth Academic Programming Director

   Once the student and faculty mentor signatures are acquired, the student should email the form to Dr. Foster at Elizabeth.Foster@med.fsu.edu. Please remember, forms are due to Dr. Foster the last day of classes the semester prior to the term when the DIS will be taken.

5. The process will be complete after Lilly Lewis, IMS Program Director, receives the signed IMS DIS/Honors Work Form and processes your request. You will be notified when the registration process is complete.

For Approval of Directed Individual Study research hours to count toward upper division elective credit:

IMS Students seeking elective credit for research must complete the Upper Division Elective Hour Approval Form for DIS/Honors Work. A maximum of 3 research credit hours may count toward IMS degree upper division electives when approved by the IMS Research Director. This may be Directed Individual Study (DIS) or Honors Work credits. Students taking additional Honors Work should meet 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.
Florida State University College of Medicine
Interdisciplinary Medical Sciences Degree Program
Directed Individual Study (DIS)/ Honors Work Form

This form is to be completed by the student and faculty director of the DIS/Honors Work when seeking to enroll in research credit hours.

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 medical 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.

Directed Individual Study
• DIS are variable credits between 1 – 3 credit hours.

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

A maximum of 3 research credit hours may count toward IMS degree upper division electives when approved by the IMS Research Director. This may be Directed Individual Study (DIS) or Honors Work credits. Students taking additional Honors Work should meet 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.

IMS Students seeking elective credit for research must receive approval from the Division of Interdisciplinary Medical Sciences.

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

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<th>SEMESTER:</th>
<th>Number of Hours (please circle):</th>
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Course Number:
• 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

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Student Information:
Name: ___________________________  FSU Email: ___________________________
SIGNATURE: _______________________________ DATE: ________________

Faculty Information:
Faculty Name and Title: ____________________________________________________
College and Department: ___________________________________________________
SIGNATURE: _______________________________ DATE: ________________

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

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

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IMS Research Approval

IMS DIVISION SIGNATURE:

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IMS Program Office Use Only

Section | Course Number | APPROVED: | Date Entered

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P a g e 2 | 3
Florida State University College of Medicine
Interdisciplinary Medical Sciences Degree Program
Upper Division Elective Hour Approval Form for DIS/Honors Work

This form is to be completed by the student when seeking to have research credit hours count toward upper division elective credit for the IMS Degree Program.

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 medical 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.

Directed Individual Study
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Honors Work
• Honors Work is variable credits between 1 – 6 credit hours.

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IMS Students seeking elective credit for research must receive approval from the Division of Interdisciplinary Medical Sciences.

Student Information:
Name: _________________________________________   FSU Email: _________________________________________

Semester and Year of DIS/Honors Work (e.g. Fall, 2017): ____________________________________________

Number of Credit hours: ________________________________________________________________

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

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

Faculty Information:
Faculty Name and Title: ________________________________________________________________

College and 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:  

Revised on 11/21/2017