

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