UNIVERSITY OF SOUTHERN CALIFORNIA
MARSHALL SCHOOL OF BUSINESS

DIRECTED RESEARCH POLICIES AND PROCEDURES

Directed Research courses (ACCT-590, BAEP-590, BUCO-590, FBE-590, IOM-590, MKT-590, and MOR-590) are designed to provide the student with an opportunity to pursue research above and beyond normal course offerings. These courses are offered under the direct supervision of a full-time faculty member and the general supervision of the Vice Dean, Graduate Programs. **The home department of the supervising faculty member determines which 590 the student should request.** Units are assigned by the faculty member on a variable basis depending upon the nature of the research. Students wishing to register for more than 3 units per semester and/or 6 units per degree must petition to exceed these maximums PRIOR to the registration deadline noted below.

1. Students must have a GPA of 3.00 or better in order to pursue directed research.

2. 590's are offered for creative research beyond what is normally offered as a scheduled course.

3. 590's are intended for elective credit only and are not designed as a substitute for a required course.

4. 590's are not available for research for which the student is being paid. For example, research projects in the course of employment are not accepted.

5. A three-unit class at the University requires three hours of class time plus an average of five to seven hours of preparation time per week. A student taking a three-unit 590 will be expected to meet this time requirement. 590's for less than three units may be evaluated on a pro-rata basis. Of course, individual projects will vary within these time frames.

6. 590's must be taken on a credit/no credit basis. Directed research will not count toward the student's grade point average.

7. The procedure for enrollment in a directed research course first requires the completion of the application form on the back of this page and attachment of a proposal. It is expected that the statement of the problem, detailed methodology, type of resource materials, measurement instruments, and expected results will be documented *prior* to being submitted to the supervising professor. **It is then the student's responsibility to obtain the appropriate signatures from the supervising professor, Department Chair, and the Associate Dean, Graduate Programs.**

8. The student should retain a copy of the 590 application and proposal and give a copy to the faculty member who is supervising the project.

9. In order to register for a 590, deliver the signed application form with the approved proposal attached to the Web Systems Coordination Group in ACC306.

10. Final papers must be delivered to the supervising faculty member as agreed but no later than the last class day of the applicable semester.

DIRECTED RESEARCH APPLICATION

Name: _____ Student ID #: _____

Telephone #: _____ Fax #: _____ E-Mail Address: _____

Degree Objective: _____ Planned Graduation Date: _____ GPA: _____

PROPOSAL

Attach to this application a typed proposal which addresses the following:

- *Statement of the problem for study.*
- *What course is most closely connected to this study?*
- *How is the content of the proposal not available through regularly scheduled courses?*
- *Name two or three secondary sources that relate most clearly to your topic. (Author and Title)*
- *Methodology. (Include sources, facilities, survey method, number of people to be contacted and general plan for study.)*
- *Expected Results. (Include format for final report.)*

REGISTRATION INFORMATION

Semester: _____ Year: _____ Dept: _____ Section #: __ __ __ __ __

If I become eligible for the 590 I have requested, please

☐ Just register me for the 590 and do nothing else. I will drop unwanted courses on my own.

☐ Drop me from the following course and register me for the 590.

   Semester: _____ Section #: _____ # of Units

For initial registrations, tuition refund insurance will **NOT** be included in your fees unless you elect to purchase it by initialing here: "I would like to purchase tuition refund insurance." _____ The cost will be included on your fee bill.

☞ _____

Student's Signature   **Date**

APPROVALS

Faculty Member who
will supervise the project: Print Name _____   ☞ Number of Units: _____

      Signature _____   Department _____ Date _____

Department Chair: Signature _____   Date _____

Associate Dean,
Graduate Programs: Signature _____   Date _____

*** FOR OFFICE USE ONLY (Do not write inside this box.) ***

Received on Date: ____/____/____ at Time: _____ AM / PM   By Staff Member: _____

Registration Processed by: _____ on Date: ____/____/____ Notes: _____

Confirmed via: _____ by: _____ at Time: _____ AM / PM   on Date: ___ / ___ /