DIRECTED RESEARCH - POLICIES AND PROCEDURES

Directed Research courses (ACCT-590, BAEP-590, BU CO-590, FBE-590, GSBA-590, IOM-590, MKT-590, and MOR-590) are designed to provide the student with an opportunity to pursue research in an area of interest above and beyond normal course offerings. These courses are offered under the oversight of a full-time Marshall faculty member and the general supervision of the Vice Dean, Marshall Graduate Programs.

1. Students must have a graduate 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 not available for research for which the student is being paid. For example, research projects completed in the course of employment are not acceptable.

4. 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 registering for a three-unit 590 will be expected to meet or exceed this time expectation. 590’s for less than three units may be evaluated on a pro-rata basis.

5. 590’s must be taken on a credit/no credit basis. Directed Research will not count toward the student’s grade point average.

6. The procedure for enrollment in an Directed Research course first requires the completion of the application form on the next 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 approved by the supervising faculty member.

7. The home department of the supervising faculty member determines which 590 the student should request. E.g., if the faculty member teaches in the Marketing department, the student should register for MKT-590.

8. It is the student’s responsibility to complete the application form and obtain the approvals from the supervising faculty member, the faculty member’s Department Chair, the student’s program advisor, and the appropriate Associate or Assistant Dean. These may be acquired in a series of email messages forwarded, with the attachment, from one approver to the next.

9. The student should retain a copy of the approved 590 application and proposal and make sure the faculty member who is supervising the project also receives a copy.

10. To complete the registration process, the approved application form and the approved proposal must reach the Marshall Academic Administration office in HOH 103, registration@marshall.usc.edu, prior to the drop/add deadline for the applicable semester.

11. Final papers must be delivered to the supervising faculty member as agreed. The due date may be 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 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, survey methods, general plan for study, etc.)
- 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 initializing 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

_________________________ ______________________
Signature Department Date

Department Chair:

_________________________ Date

Program Advisor:

_________________________ Date

Director or Dean of Student’s Program:

_________________________ 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: ______/_____/____ Notes: _______________________

forms\590 Directed Research 2011.doc 11/11/10 shunt@marshall.usc.edu