University of Southern California
Marshall School of Business

DIRECTED RESEARCH - POLICIES AND PROCEDURES

Directed Research courses (ACCT-590, BAEP-590, BUCO-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 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 _____   ☞ Number of Units: _____
will supervise the project: Print Name

_____   _____
Signature   Department   Date

Department Chair: _____   _____
Signature   Date

Program Advisor: _____   _____
Signature   Date

Director or Dean
of Student's Program: _____   _____
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: ____/____/____