INDEPENDENT RESEARCH

Independent Research (ACCT-593, BAEP-593, BUCAO-593, FBE-593, GSBA-593, IOM-593, MKT-593, and MOR-593) is designed to provide the student with an opportunity to pursue research in an area of interest above and beyond normal course offerings. The course is 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 enroll in Independent Research.

2. The student is cautioned to ensure that s/he is registering for the appropriate independent study course. Independent research projects that require field work should be accomplished under course number 592. A research project that requires the student(s) to deliver recommendations to a firm or company (as a consultant) should be completed under course number 597. Research completed entirely at the client’s location and under the client’s direct supervision (paid or unpaid) should be considered an internship and completed under 595. Note: Employed students may not register for this course in order to obtain credit for research completed in the course of their regular employment.

3. 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 593 will be expected to meet or exceed this time expectation. 593’s for less than three units may be evaluated on a pro-rata basis.

4. 593’s must be taken on a credit/no credit basis. Independent Research will not count toward the student’s grade point average.

5. The procedure for enrollment in an Independent 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.

6. The nature of the research to be conducted should determine which academic department will oversee the student’s work. For example, marketing research should be overseen by a member of the Marketing faculty, and the student should register for MKT-593.

7. 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 Program Director or Dean. These may be acquired in a series of email messages forwarded, with the attachment, from one approver to the next.

8. The student should retain a copy of the approved 593 application and proposal and make sure the faculty member who is supervising the project also receives a copy.

9. 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.
10. Final papers/reports/projects 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.
INDEPENDENT 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 593 I have requested, please

☐ Just register me for the 593 and do nothing else. I will drop unwanted courses on my own.
☐ Drop me from the following course and register me for the 593.

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 ____________________________ Number of Units _______

Sign and Print Name

Department Chair ____________________________

Date ___________ Sign and Print Name ____________________________ Department

Program Advisor ____________________________

Date ___________ Sign and Print Name ____________________________ Program

Director or Dean Of Student’s Program ____________________________

Date ___________ Sign and Print Name ____________________________ Program

*** 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: / / |