

INDEPENDENT RESEARCH APPLICATION

ONE CREDIT Independent Research

Used for the purpose of pursuing an internship at certain companies. Credit is not applicable to the degree program.

PROCESS:

- Prerequisite: BADM 66: Organizational Behavior
- Have a Cumulative GPA of at least a 2.5
- Discuss your Internship and the Independent Research with a Teaching Assistant who has agreed to work with you
- Once the Internship and Research have been completed have both your Supervisor and your Teaching Assistant sign the form
- Complete a Registration Transaction Form (RTF), available through The Advising Center, with BADM 199: Independent Research. To reflect the correct Course Registration Number (CRN) use the appropriate Schedule of Classes for the semester that you participated in the Internship

Submit **TWO (2)** copies to The GWSB Advising Center, Duquès Hall, Suite #456

THE GEORGE
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THE ADVISING CENTER

One Credit BADM 199 Independent Research

1. The School of Business encourages students to engage in Independent Research. One credit Independent Research projects provide an opportunity to:
 - Undertake research in an area of particular interest
 - Complement an internship experience with outside research
 - Receive recognition on The George Washington University transcript
2. Students are **ELIGIBLE** to participate in a one credit Independent Research project if they have:
 - Completed BADM 66: Organizational Behavior
 - Maintained a cumulative GPA of at least 2.5
3. In order to receive **ONE CREDIT** for Independent Research students must:
 - Have an Instructor agree to serve as the Independent Research Advisor
 - Complete a minimum of 35-40 pages of relevant reading
 - Complete a research paper at least 5 pages in length which:
 - A. Details the problem
 - B. Outlines the issues involved
 - C. Explains the analyses performed
 - D. Recommends alternative solutions
 - Submit all paperwork with an Instructor's signature by the end of the third week of the semester in which the research is undertaken
4. The **INTERNSHIP** is taken in conjunction with the Independent Research and students should follow these guidelines:
 - Discuss with an Instructor how to integrate the internship and research
 - Determine with their Instructor the minimum hours required at the internship organization each week
 - Submit an Internship Evaluation completed by their supervisor to an Instructor upon completion of the Internship (to be used at the discretion of the Instructor)

Keep in mind...

- Independent Research is a **PASS/NO PASS** course that students complete for a maximum of one credit per semester
- While the internship is completed in conjunction with an Independent Research project, credit is **NOT** granted for internship experience.

Independent Research Checklist

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Learning Contract: <ul style="list-style-type: none">• Completed by the student and an Instructor• Return Learning Contract to The Advising Center (GOV 208) | <input checked="" type="checkbox"/> Internship Evaluation (Instructor's discretion): <ul style="list-style-type: none">• Completed by the supervisor upon completion of the internship• Return the Internship Evaluation to the Instructor |
| <input checked="" type="checkbox"/> Registration Transaction Form (ADD/DROP Form): <ul style="list-style-type: none">• Completed by the student and initialed by an Instructor• Return Registration Transaction Form to The Advising Center | |


WHEN COMPLETED, MAKE 2 COPIES FOR THE ADVISING CENTER

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Independent Research Learning Contract

One Credit

Section 1	Last Name		First Name	
	GWID		E-mail	
	Home Phone		Work Phone	
	Academic Advisor		Date Submitted	
	Local Address			
	City, State and Zip			
Section 2	Field of Concentration		Year of Research	2 _ _ _
	Completed Credit Hours		Semester of Research	FALL SPRING SUMMER
	Current Cumulative GPA		Current Class Status	FR SO JR SR
	<i>Students must have completed BADM 66: Organizational Behavior with a GPA of 2.5 or above before pursuing Independent Research.</i>			
Section 3	Instructor Name			
	Campus Address			
	Instructor Phone Number		Instructor E-mail	
	Instructor Fax Number			
Section 4	<p>What written assignments will you undertake and submit to your Instructor? <i>Please specify length of paper and readings. A minimum of 5 pages of writing and 35-40 pages of relevant readings is required.</i></p>			

Independent Research Learning Contract

One Credit

Section 5

How often will you meet with your designated Instructor?

Scheduled meetings are strongly recommended.

Please include any additional requirements outlined by your Instructor.

For the Instructor:

I certify that the research described above will be appropriate for a one credit course at GW.

Signature: _____

Date: _____

Section 6

A Registration Transaction Form (Drop/Add Form) must be attached.

Refer to the Schedule of Classes to obtain the appropriate CRN as determined by the Instructor.

I have attached a Registration Transaction Form to this document.

Student Initials _____

Section 7

I certify that I understand the requirements of this Independent Research project and will work to successfully complete them.

Student Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Rcv'd, Duquès #456

REVISED AUGUST 2006

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One Credit Internship Evaluation

(Used at the discretion of the Instructor)

Section 1	Last Name		First Name			
	GWID		E-mail			
	Home Phone		Work Phone			
	Academic Advisor		Date Submitted			
	Local Address					
	City, State and Zip					
Section 2	Instructor Name					
	Campus Address					
	Instructor Phone Number		Instructor E-mail			
	Instructor Fax Number					
Section 3	Internship Organization					
	Address					
	Supervisor's Name		Title			
	Supervisor's Phone Number		Supervisor's E-mail			
Section 4	For the Supervisor:					
	<p><i>The above student is using this internship experience as a foundation for Independent Research. Your brief comments and evaluation of this student's performance will be helpful as the Instructor reviews the student's work. You may include additional comments on the back of this form.</i></p>					
		Excellent	Above Average	Average	Below Average	No Opportunity to Observe
	Attentiveness					
	Initiative					
	Interpersonal Skills					
	Leadership Potential					
	Professionalism					
	Punctuality					
	Quality of Work					
	Research Ability					
	Self-Confidence					
	Verbal Communication					
	Work Ethic					
Writing Skills						
<p><i>Please return completed form in a signed sealed envelope to the student. It is the student's responsibility to submit this evaluation to his/her Instructor.</i></p>						
Supervisor Signature: _____			Date: _____			

SCHOOL OF BUSINESS
DUQUÈS HALL, SUITE #456
2201 G STREET, NW
WASHINGTON DC 20052
THE ADVISING CENTER 202.994.7027