



BADM 4995 - Independent Study Form

GUIDELINES

- Independent Study projects provide students with an opportunity to undertake research in an area of particular interest under the direction of a GWSB faculty member. Students are strongly encouraged to talk with their GWSB advisor before pursuing this option in order to see if BADM 4995: Independent Study can be used to fulfill a degree requirement. Students may earn 1 or 3 credits for the independent study project.
- Consent to supervise BADM 4995: Independent Study is at the discretion of the faculty member and is not guaranteed. Final approval is required by the appropriate department chair.
- Students must write a proposal that includes a list of research questions and proposed readings. The proposal may be modified at the discretion of the faculty member.
- Print the required forms after filling out the required fields on your computer. Note: it may not be possible to save this PDF file (with your information) on your computer.

BADM 4995 – 1 credit	BADM 4995 – 3 credits
<ul style="list-style-type: none"> • May be taken for P/NP or for a letter grade. • Complete a minimum of 100-200 pages of relevant reading. • Research paper must be a minimum of 10 pages in length and must include the following: <ul style="list-style-type: none"> ○ An <i>Introduction</i>, which provides a detailed explanation of the problem or issues involved; ○ A <i>Literature Review</i>; ○ Explanation of the <i>Analysis</i> performed; and ○ Summary of <i>Findings and Recommendations for Alternative Solutions</i>. • These requirements may be modified at the discretion of the faculty member. 	<ul style="list-style-type: none"> • Must be taken for a letter grade. • Complete a minimum of 300-600 pages of relevant reading. • Research paper must be a minimum of 30 pages and must including the following: <ul style="list-style-type: none"> ○ An <i>Introduction</i>, which provides a detailed explanation of the problem or issues involved; ○ A <i>Literature Review</i>; ○ Explanation of the <i>Analysis</i> performed; and ○ Summary of <i>Findings and Recommendations for Alternative Solutions</i>. • These requirements may be modified at the discretion of the faculty member.

An **INTERNSHIP** may be taken in conjunction with the Independent Study. Students who choose this option should follow these guidelines:

- Discuss with the faculty member how to integrate the internship and research.
- Complete the Learning Contract with the faculty member along with the Business Internship registration form and submit to the Advising Center.
- The faculty member will determine the minimum hours required at the internship organization each week
- Submit the Internship Evaluation completed by the internship supervisor to the Instructor upon completion of the Internship (to be used at the discretion of the faculty member).
- While the internship is completed in conjunction with an Independent Study project, credit is NOT granted for internship experience.
- Students who select this option during the summer semester will be charged by the credit hour.
- All paperwork (with the exception of the Internship Evaluation) must be submitted to the Advising Center **by the end of the first week of the semester (Fall/Spring)** in which the research is undertaken.

ALL FORMS ARE DUE BY THE END OF THE FIRST WEEK OF THE SEMESTER (FALL/SPRING)	
Independent Study	Independent Study + Internship
<input checked="" type="checkbox"/> Learning Contract: <ul style="list-style-type: none"> • Completed by the student and the faculty member. • Return Learning Contract to The Advising Center (Duquès Hall, Suite 456). 	<input checked="" type="checkbox"/> Internship Registration Form <ul style="list-style-type: none"> • Completed by the student. • Returned Internship Registration Form to The Advising Center.
	<ul style="list-style-type: none"> • Learning Contract • Completed by the student and the faculty member. • Return Learning Contract to The Advising Center (Duquès Hall, Suite 456).
<input checked="" type="checkbox"/> Registration Transaction Form (ADD/DROP Form): <ul style="list-style-type: none"> • Completed by student and signed by the faculty member. • Return RTF to The Advising Center. 	<input checked="" type="checkbox"/> Registration Transaction Form (ADD/DROP Form) <ul style="list-style-type: none"> • Completed by student and signed by the faculty member. • Return RTF to The Advising Center.
	<input checked="" type="checkbox"/> Internship Evaluation (Faculty Member's discretion): <ul style="list-style-type: none"> • Completed by the supervisor upon completion of the internship. • Return the Internship Evaluation to the Faculty Member.



BADM 4995 - Independent Study Form

Student Name

Last Name

First Name

GWID G

GW Email

_____ @gwwmail.gwu.edu

Phone

()

GWSB Advisor

Level:

FR

SO

JR

SR

Degree

BAcy

BBA

BS

Concentration(s)/Major(s)

Semester

Fall

Spring

Summer

Year of Study

Number of Credits

1

3

Completing an Internship?

Yes

No

Grade Option

Letter

P/NP

Note: Letter grade must be selected if pursuing 3 credits.

How often will you meet with your faculty member?

What written assignments will you undertake and submit to your faculty member? *Attach a separate sheet if necessary.*

Please be sure to provide specific details about the readings and what you expect to find in your research. Include an abstract/hypothesis.

Student Signature

Date

I understand the requirements of this Independent Study Project and will work to successful complete them.

DO NOT WRITE BELOW THIS LINE - FOR UNIVERSITY OFFICIAL USE ONLY

Department/Faculty

Signature and Date

Email Address:

_____ @gwu.edu

Name & Department

(Please Print)

Phone/Ext:

Comments:

Department Chair

Signature and Date

Approve

Deny

Comments:

Academic Advisor

Signature and Date

Approve

Deny

Comments:



BADM 4995 Independent Study Business Internship Registration Form

Student Name _____ GWID G
Last Name First Name

GW Email _____ @gmail.gwu.edu Phone () _____

GWSB Advisor _____ Level: FR SO JR SR

Degree BAcy BBA BS Concentration(s)/Major(s) _____

Semester Fall Spring Summer Year of Internship _____

Internship Organization			
Division/Department			
Address			
Supervisor's Name			
Supervisor's Title			
Supervisor's Phone		Supervisor's Email	
Number of Hours/Week		Number of Days Each Week	
Start Date		End Date	

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

Refer to the Schedule of Classes for the CRN for BADM 4995. Be sure to reference the Semester in which you will participate in the internship.

I have attached a Registration Transaction Form to this document.

Student's Initials: _____

Briefly describe the nature of your internship and your specific responsibilities.

Attach a separate sheet if necessary; a formal job description is recommended.

Student
Signature

I understand the requirements of this Independent Study Project and will work to successful complete them.

Date _____



BADM 4995 Independent Study Internship Supervisor Evaluation Form

This form must be completed by the student's supervisor and submitted directly to the student's Independent Study Instructor upon completion of the internship. The student's instructor will use this information to their discretion in providing the final grade for the Independent Study. It is the student's responsibility to request for the completion of this form.

Student Name _____ GWID G
Last Name First Name

GW Email _____
@gmail.gwu.edu

Semester Fall Spring Summer Year of Internship _____

Internship Organization			
Division/Department			
Address			
Supervisor's Name			
Supervisor's Title			
Supervisor's Phone		Supervisor's Email	
Number of Hours Completed		Average Number of Days Worked Each Week	
Start Date		End Date	

	Excellent	Above Average	Average	Below Average	N/A
Teamwork					
Initiative					
Interpersonal Skills					
Leadership Potential					
Professionalism					
Punctuality					
Quality of Work					
Research Ability					
Adaptability					
Verbal Communication					
Problem solving					
Work Ethic					
Writing Skills					

In my opinion, the student has successfully fulfilled the expectations of the internship experience. Yes No

Supervisor's Signature _____ Date _____

Thank you for providing this opportunity to our students! --GWSB Advising

Office of the Registrar
REGISTRATION TRANSACTION FORM
http://registrar.gwu.edu • registration@gwu.edu

This form must be submitted to your academic advisor or program office for approval. Students should not submit this form to the Registrar's Office.

Semester	Year
<input type="checkbox"/> Fall	_____
<input type="checkbox"/> Spring	_____
<input type="checkbox"/> Summer	_____

GWid	LAST NAME	FIRST NAME	EMAIL ADDRESS

ADD

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE	GRADE MODE*	INSTRUCTOR SIGNATURE

DROP or WITHDRAW (please circle one)

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE

TIME CONFLICT APPROVAL
<input type="checkbox"/> YES <input type="checkbox"/> NO

REPEAT COURSE FOR CREDIT
<input type="checkbox"/> YES <input type="checkbox"/> NO

***GRADE MODE OPTIONS:**
A= AUDIT
C= LETTER GRADE
P= PASS/NO PASS (undergraduates only)
R= CREDIT/NO CREDIT (graduates only)

STUDENT LEVEL
<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> OTHER _____

I request the above action be performed.

Student Signature _____ Date _____

AUTHORIZED SCHOOL OFFICIAL USE ONLY
<input type="checkbox"/> Prior to start of the semester OR Effective Date: ____ / ____ / ____
Signature: _____ Today's Date: _____

Note: This form cannot be used to register for a class that has a waitlist. Students will be added to the waitlist and if offered a seat, must then register through GWeb.