GEORGETOWN UNIVERSITY LAW CENTER

GRADUATE INDEPENDENT RESEARCH (GIR) FORM FOR LL.M. STUDENTS

3 CREDIT OPTION

Deadlines: Your application is due no later than the first day of class of the semester in which you plan to undertake the GIR.

1. **Student Name:** _____ **GOCard #:** _____
   Address: _____ **E-mail:** _____
   _____ **Phone (h):** _____
   _____ **Phone (w):** _____
   Expected Date of Graduation: _____ **LL.M. Area of Study:** _____

2. **Written Proposal:** A research proposal must be attached to this form. The research proposal should be no more than one page long and should describe the scope of the chosen topic and why you think this scholarly work is unique. GIR topics will only be approved if they are unavailable as a class option in the graduate program.

3. **Faculty/Student Research Program Schedule**
   a. Meeting to discuss preliminary schedule _____
   b. **Outline due** _____
   c. Call or meeting to discuss outline _____
   d. **First draft due** _____
   e. Draft returned to student with comments _____
   f. Meeting to discuss professor's comments on first draft _____
   g. **Minimum 40 page final paper due** (submit to Registrar)* _____

   *This date should be the date set in the academic calendar. Please see the Registrar's website for more information: www.law.georgetown.edu/registrar/papers.htm.

NOTE: Foreign students should note that the New York Bar rules do not count credits earned in an independent research towards the credits required to be eligible to sit for the New York bar examination. This rule applies to all civil law-trained students and *some* common law-educated students. See the New York Bar rules: http://www.nybarexam.org/Foreign/ForeignLegalEducation.htm.

_____	_____	_____	_____
Professor's Printed Name	**Professor's Signature/Approval**	**Professor's Phone #**	**Date**

4. **Registration Information** – Semester and year you will be enrolled for GIR credit:
   ☐ Fall of _____ ☐ Spring of _____ ☐ Summer of _____

APPROVAL OF THE ASSOCIATE DEAN FOR GRADUATE PROGRAMS

☐ 3 cr. Proposal Approved ☐ 3 cr. Proposal Declined Date _____
☐ 2 cr. Proposal Approved ☐ 2 cr. Proposal Declined

Comments: _____
_____

Academic Advisor Signature _____

Distribution of this form:
☐ Original to Office of the Registrar Date _____
☐ Copy to Professor Date _____
☐ Copy to Student Date _____