GEORGETOWN UNIVERSITY LAW CENTER

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

(NOTE: LL.M. Students are limited to one Graduate Independent Research (GIR) during their academic program.)

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 research _____

   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 25 page Final Paper Due** (submit to Registrar)* _____

* This date should be the date set in the academic calendar, or no more than 60 days in the Summer and Fall or 45 days in the Spring later for non-graduating students (if agreed upon by the student and professor). Graduating students cannot extend the Registrar published due date. Paper extension policy information can be found on the following web page: 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 20 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.htm.

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

4. **REGISTRATION INFORMATION** – Semester and year you will be enrolled for credit:

   ___ Fall of _____ (year) ___ Spring of _____ (year) ___ Summer of _____ (year)

APPROVAL OF THE ASSOCIATE DEAN FOR GRADUATE PROGRAMS

[ ] Proposal Approved [ ] Proposal Declined Date _____

Comments:_____

_____

Associate Dean's Signature_____

Distribution of this Form: [ ] Original to Office of the Register Date_____

[ ] Copy to Professor Date_____

[ ] Copy to Student Date_____