J.D. SUPERVISED RESEARCH APPLICATION

2018-19 Application Deadlines:

Fall 2018 Semester: Monday, August 27, 2018 by 5:00 p.m.
Spring 2019 Semester: Monday, January 14, 2019 by 5:00 p.m.
Summer 2019 Semester: Thursday, May 23, 2019 by 5:00 p.m.

Submit this completed form to: Office of the Registrar, 315 McDonough Hall
Phone: 202-662-9220; Fax: 202-662-9235

TO: Associate Dean, J.D. Program

RE: Request for Authorization of Proposed Supervised Research

We have read the preceding Statement and Academic Policies on Supervised Research and the Upperclass Legal Writing Requirement and agree that the attached proposal satisfies the standards for authorizing Supervised Research. This Supervised Research will be done in the ______________________________ Semester(s) (insert Fall 2018, Spring 2019, Summer 2019, or a combination of two sequential semesters). It is understood by both the sponsoring professor and the student seeking to complete Supervised Research that only two (2) academic credits will be awarded for the completion of a successful project.

Student: ______________________________
(Please print)

Professor: ______________________________
(Please print)

Date: _________________  Date: _________________
Professor's signature

Daytime telephone number: ___________________________________

Email address: ____________________________________________

Date: _________________  Date: _________________
Student's signature

Daytime telephone number: ______________________________

Email address: ________________________________________

Go Card number: _______________________________________

Expected Graduation Date: _______________________________

Have you previously registered for Supervised Research? [ ] Yes [ ] No
Proposal Title:

(Please print)

Description of the research topic and demonstration of why it will lead to an original paper satisfying the Upperclass Legal Writing Requirement; if this is a second Supervised Research project or if the student has completed a seminar paper in a similar topic area, also provide the topic and professor for the previous project:

(You may add a separate sheet of paper describing the project, if necessary.)

Outline due date: ______________________________

First draft due date: ______________________________

Final draft due date: ______________________________

Please provide a schedule of dates for meetings between the student and the professor. Please note that these are distinct from the due dates listed above. A minimum of four dates is required and, if you list fewer than four dates below, your application may be denied for that reason.

_______________________________________________________________
About the Sponsoring Professor (check one):

[ ] Full-time
[ ] Adjunct (if adjunct, complete the rest of this form.)

Because the school’s academic policy requires that "students ordinarily will seek sponsorship from full-time faculty", the Committee will not approve an adjunct faculty member for sponsorship unless the student has made a good-faith effort to obtain sponsorship by a full-time faculty member and has been unable to do so. (For a list of the full-time faculty, refer to: http://www.law.georgetown.edu/faculty/). The Committee therefore requests that you describe your efforts to obtain sponsorship by a full-time faculty member and the reasons why this was not successful. After doing so, please provide the requested additional information for the adjunct professor.

______________________________________________________________________

______________________________________________________________________

Adjunct professor’s office address: _________________________________

Adjunct professor’s telephone number: ______________________________

Adjunct professor’s email address: _________________________________

Is the adjunct professor sponsoring any other student’s Supervised Research project during the semesters indicated above?
[ ] Yes [ ] No

TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

Verify that the student has the required "C" cumulative grade-point average:
[ ] Yes [ ] No

Indicate any seminar in a similar area:

Professor: ________________________________________________________
Course: __________________________________________________________
Semester: _________________________________________________________
Grade: ___________________________________________________________
Credit-hours: __________________________________________________________________

Professor: ________________________________________________________
Course: __________________________________________________________
Semester: _________________________________________________________
Grade: ___________________________________________________________
Credit-hours: __________________________________________________________________
[ ] Requirements satisfied [ ] Requirements not satisfied

Date: ____________________
Office of the Registrar’s signature

TO BE COMPLETED BY THE ASSOCIATE DEAN, J.D. PROGRAM

[ ] Approved [ ] Denied

Other Actions or Comments:

Date: ____________________
Associate Dean, J.D. Program’s signature