J.D. SUPERVISED RESEARCH APPLICATION

Application Deadlines:
The completed J.D. Supervised Research Application must be submitted to the Office of the Registrar no later than 5:00 p.m. on the first day of classes for the semester in which the Supervised Research will be taken, as published in the Academic Calendar.

Submit this completed form to: Office of the Registrar, 4101 Hotung Building
Email: lawreg@georgetown.edu; Phone: 202-662-9220

TO: Associate Dean for Academic Affairs

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 TERM--Fall, Spring, Summer--and YEAR 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: ____________________________

Professor's signature

Daytime telephone number: ____________________________

Email address: ____________________________

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:

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(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/](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 for Academic Affairs

[ ] Approved [ ] Denied

Other Actions or Comments:

____________________________________________________________
____________________________________________________________
____________________________________________________________

____________________________________Date: ______________
Associate Dean for Academic Affairs’ signature