Virginia Commonwealth University
School of Business

Request for Research Course Form

Name: _______________________________   V Number: __________________________

Phone: ______________________________   E-mail: ____________________________

Degree Program:

___ Ph.D. in Business with major in: ______________________________
___ MBA with concentration in: ______________________________
___ MS in Business with concentration in: ________________________
___ Master of Accountancy
___ Master of Arts in Economics
___ Master of Science in Computer and Information Systems Security
___ Master of Science in Information Systems

Department supervising research course (e.g., MGMT, MKTG, etc.): __________________

Circle semester course is to be taken:     Fall   /   Spring   /   Summer      Year:  ________

Select Requested Research Course:   Credit Hours Requested:

_____ 693 (Field Project)   _____ Three  _____ Other (write in)
_____ 697 (Guided Study in Business)  _____ Two
_____ 898 (Dissertation Research)  _____ One

Submit the following documents with this signed request form:

- A description of your proposed research, including what you will do and how the work will be
  graded.
- If you have not previously reviewed and signed an Approved Program Form, you will be
  required to do so with your submission of this request.

Signatures Required      Date

Student:   _________________________________________ _______________________
Supervising Faculty: ________________________________ _______________________
Program Advisor: __________________________________ _______________________
Department Chair: __________________________________ _______________________
Associate Dean: ____________________________________  _______________________