

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:

___ 693 (Field Project)
___ 697 (Guided Study in Business)
___ 898 (Dissertation Research)

Credit Hours Requested:

___ Three ___ Other (write in)
___ Two
___ 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.
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Signatures Required

Date

Student: _____

Supervising Faculty: _____

Program Advisor: _____

Department Chair: _____

Associate Dean: _____