

**UNIVERSITY OF NEBRASKA AT OMAHA
COLLEGE OF BUSINESS ADMINISTRATION**

BSAD 8900 – INDEPENDENT RESEARCH CONTRACT

Student Name _____ Student ID# _____

Academic Supervisor _____ Semester _____ Credit Hours _____

Specify text or required readings: _____

Details of Project

Does this class substitute for a specific MBA Course*? Yes _____ No _____

If yes, indicate course _____

*MBA policy prohibits the completion of MBA core course requirements via Independent Study

Description of Independent Research Project (include description of the output of the project with page and/or other requirements) Attach another page, if necessary.

Method of evaluation of project: _____ % exam _____ % paper
_____ % _____ %

Timetable for completion of project: _____ End date for project completion: _____

1) Frequency of student meetings with academic supervisor. _____

2) List intermediate deadlines (e.g. date literature search or paper outline is due) _____

Student Signature _____ Date _____

Academic Supervisor

MBA Advisor (Signature required prior to registration)