



BACHELOR'S DEGREE WITH INDIVIDUAL CONCENTRATION

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Independent Study Contract

| | |
|----------------------------|------------------|
| Name: _____ | Spire ID#: _____ |
| Phone: _____ | E-Mail: _____ |
| Address: _____ | |
| Concentration Title: _____ | YOG: _____ |

| | |
|--------------------------|-----------------|
| Title of Project: _____ | |
| Instructor's Name: _____ | |
| Department: _____ | E-Mail: _____ |
| Phone: _____ | Building: _____ |

| | | |
|------|------|-----------------------------|
| 396A | 396B | Number of Credits: _____ |
| 496A | 496B | Semester: _____ Year: _____ |

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| <p>Learning Objectives: <i>(What skills or knowledge will you investigate? What skills will you acquire? What do you hope to accomplish? What, specifically, will you be examining? How does this relate to your BDIC concentration?)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
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| <p>Learning Activities: <i>(What will you do to acquire the knowledge and skills described above? Will you be performing scientific research, learning experientially, reading texts, or some other method of learning? Describe your methods, using details.)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
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Resources:

(What types of sources [e.g. books, magazines] will you be using? If you know specific sources, list them here. Feel free to include non-traditional sources such as people or places.)

Criteria for Evaluation:

(How will your faculty instructor be evaluating your work? How often will you meet with your advisor? What forms of written or oral work will you be responsible for? What progress will your instructor be looking for? Will an on-site supervisor be communicating with the faculty instructor on record? Please explain the criteria for grading that has been agreed upon by you and your faculty instructor.)

Instructor's Signature: _____ Date: _____

****PLEASE NOTE****

A student's BDIC program may not consist of more than 6 independent study credits. Additionally, a student may not take more than a TOTAL of 9 independent study and internship credits towards their BDIC major.

For BDIC use only:

After completing all sections and obtaining the instructor's signature, please return this form to the BDIC office for your faculty supervisor's approval and for the independent study to be registered on SPIRE.

Faculty Supervisor: _____ Date: _____