



INDIVIDUALIZED PRACTICUM (NON-LICENSE) CONTRACT

SCHOOL OF EDUCATION
 Academic Affairs Office
 123 Furcolo Hall
 University of Massachusetts
 Amherst, MA 01003

Please follow the instructions below to complete this contract.

1. Fill in all information and obtain necessary approval signatures.
2. Deadline for Filing: For registration, contract must be filed with the Academic Affairs Office, 123 Furcolo Hall, prior to the end of the add/drop period.
3. Changes in existing contracts may be renegotiated.

Last Name _____	First Name _____	Middle Initial _____	Spire # _____
E-mail Address _____		Semester & Year (e.g., Fall 2007) _____	
Telephone Number _____		Graduation Class _____	
Major _____			
STATUS (Check) <input type="checkbox"/> Undergraduate (UG) <input type="checkbox"/> Doctoral (GD) <input type="checkbox"/> Master's (GM, GA, GT) <input type="checkbox"/> Continuing Education (CPE) <input type="checkbox"/> Master's/Doctoral (GY) <input type="checkbox"/> Non-Degree (GN) <input type="checkbox"/> Other _____ <input type="checkbox"/> ***Credits DO NOT apply towards Education Minor			NUMBER OF CREDITS <div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>
_____ Title of Individualized Practicum			

STATEMENT OF OBJECTIVES (Additional information may be attached):

PLANNED ACTIVITIES:

CRITERIA FOR EVALUATION AND FORM(S) OF ASSESSMENT:

APPROVAL SIGNATURES (See Guidelines):

_____ Student	_____ Date	FOR OFFICE USE ONLY Course # EDUC _____ Class # (5 digits) _____ Abbreviated Title (Max 25 characters w/spaces): _____
_____ Instructor	_____ Date	
_____ Faculty Sponsor	_____ Date	
_____ Educator Licensure Officer	_____ Date	