



INDIVIDUALIZED STUDY 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.

<hr/> Last Name	<hr/> First Name	<hr/> Middle Initial	<hr/> Spire #
<hr/> E-mail Address		<hr/> Semester & Year (e.g., Fall 2007)	
<hr/> Telephone Number		<hr/> Graduation Class	
<hr/> Major			
STATUS (Check)		NUMBER OF CREDITS	
<input type="checkbox"/> Undergraduate (UG) <input type="checkbox"/> Master's (GM, GA, GT) <input type="checkbox"/> Master's/Doctoral (GY) <input type="checkbox"/> Other _____		<input style="width: 50px; height: 40px;" type="text"/>	
<input type="checkbox"/> Doctoral (GD) <input type="checkbox"/> Continuing Education (CPE) <input type="checkbox"/> Non-Degree (GN) <input type="checkbox"/> ***Apply credits towards Education Minor (Must have Educator Licensure Officer Signature)			
<hr/> Title of Individualized Study			

STATEMENT OF OBJECTIVES (Additional information may be attached):

PLANNED ACTIVITIES:

CRITERIA FOR EVALUATION AND FORM(S) OF ASSESSMENT:

APPROVAL SIGNATURES (See Guidelines):

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