



COLLEGE OF EDUCATION Education Advising Center 130 Furcolo Hall University of Massachusetts education@umass.edu

INDIVIDUALIZED STUDY CONTRACT

Last Name	First Name	Middle Initial	Spire ID #
UMass Amherst Email Address			Semester & Year (e.g., Fall 2025)
Telephone Number			
Major/Program			
STATUS (Check) Undergraduate (UG) Master's (GM, GA, GT) Master's/Doctoral (GY) Other		NUMBER OF CREDITS	
ill require a field plac	ement: YES N	0	
itle of Individua	lized Study:		

STEPS FOR ENROLLMENT FOR INDEPENDENT STUDY CONTRACT

- 1. Please complete this title page of your independent study contract
- 2. On a separate document, please detail the following:
 - Statement of objectives of your independent study project A clear and concise description of the scope of the project
 - b. Planned activities Academic component that will be addressed
 - c. Criteria for evaluation and form(s) of assessment How the academic performance on the project will be evaluated
 - d. Time line for the project A specific outline of progression of the project
- 3. If the independent study involves a field placement, please complete the field placement registration form
- 4. Ask the sponsoring faculty to please indicate their approval of the project by signing and dating the section at the bottom of this contract below
- 5. Send completed title page and project scope to Academic Affairs, education@umass.edu (130 Furcolo Hall) for approval and enrollment
- 6. Please email completed contract to education@umass.edu at a minimum two weeks prior to the start of the semester

* Printed Faculty / Instructor's Name	Concentration	FOR OFFICE USE ONLY
Student's Signature	Date	Course # EDUC
Instructor's Signature	Date	Class # (5 digits)
Faculty Sponsor's Signature	Date	Abbreviated Title (Max 25 characters w/spaces):
		Approved: