

# COLLEGE of EDUCATION

University of Massachusetts Amherst

## **Form M-1 MASTER OF EDUCATION PROPOSED PROGRAM OF STUDY**

**Please type - handwritten forms will not be accepted**

**This form is to be signed by the faculty member assigned as your advisor and filed with the Office of Academic Affairs (Room W114, Furcolo Hall) before the end of the first semester of study.**

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Spire ID Number**

\_\_\_\_\_  
**Local/Cell Phone Number**

\_\_\_\_\_  
**Email Address**

**Advisor:**\_\_\_\_\_

**Concentration:**\_\_\_\_\_

**Undergraduate Degree Received:**

\_\_\_\_\_  
**Degree**

\_\_\_\_\_  
**Institution**

\_\_\_\_\_  
**Major**

\_\_\_\_\_  
**Date**

**Transfer Credits toward the Master's degree which are allowable (a formal transfer of credit request form must be completed with the Office of Academic Affairs, Room W114, Furcolo Hall):**

<b>Date</b>	<b>Institution</b>	<b>Course #</b>	<b>Title</b>	<b>Credits</b>	<b>Grade</b>

**Course work and experiences prior to admission relevant to your intended Program of Study:**

**Goals and Rationale for your Program of Study** (explain the bodies of knowledge, skills, and competencies you expect to acquire through your Program of Study):

