

University of Massachusetts at Amherst
MIE INDEPENDENT STUDY AUTHORIZATION

For Semester: _____

Course # _____

Credits _____

Instructions:

Students should fill in this form in conjunction with their independent study supervisor, have their form signed by their supervisor and their faculty advisor. If you are coursework only you do not need an advisor signature. Email the completed form to Kevin Romani (kromani@umass.edu).

This form will be returned to the supervisor at the end of the semester to record the grade.

Student: _____ Student No.: _____ Date: _____

Supervisor: _____ Advisor: _____

Course Contents:

To be completed by supervisor at the end of the semester and returned to your Graduate Program Director.

Grade: _____ Date: _____ Supervisor: _____