



COLLEGE OF MANAGEMENT

UMass Boston GradCM Program Independent Study for Credit Application Form

Today's Date _____ Semester for Independent Study _____

Student Name _____ Student ID _____

Phone Numbers: _____

Email: _____

Number of Credits Accrued: _____

Concentration/Specialization: _____

Faculty Sponsor: _____

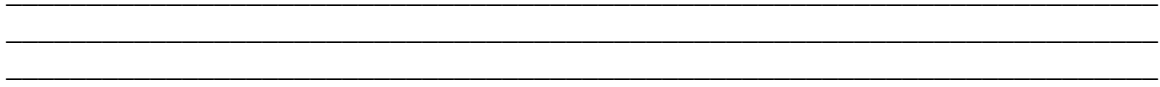
Academic Rationale for Pursuing an Independent study:

Project Objectives: _____

Description of Project and Methodology

Duration of Project: _____

Expected Outcomes: _____



Basis/Method of Evaluation and Assessment of Outcomes: _____

Signatures

Student _____ **Date** _____

Instructor _____ **Date** _____

Form to be submitted to GradCM Office ***prior*** to start of semester