

Graduate & Graduate Post-Bac Independent Study Form

Massachusetts College of Art and Design, GCE • 621 Huntington Avenue • Boston, MA 02115 • (617) 879-7166

Type or print, leave no spaces blank. NOTE: The student must submit this form in person, with a completed registration form, according to the current semester registration schedule. Use this form for studio courses.

Student Name _____ Semester _____

Phone _____ MassArt ID # _____ Program _____

PROPOSAL: Please indicate in the space below how this Independent Study will complement your work in the Major Studio or Art Education curriculum. Please also describe in concrete terms what results you expect to achieve from this interaction.

Criteria for credit:

MEETING DATES: Six required during the semester. Dates must be filled in.

1st meeting | 2nd meeting | 3rd meeting | 4th meeting | 5th meeting | 6th (Final Review)

Attention Faculty: Do not begin to teach until you have verified with Continuing Education (PCE) that the student is properly registered. Payment will be made when a grade report is turned in. Payroll information may be given to David Carder (617-879-7177 in PCE) instead of included on this form. Note that SSN# will be needed for payment. Contact Dave Carder if you have not been paid by MassArt in the previous year.

Faculty (print) _____ Department _____

Address _____ Phone # _____

SIGNATURES:

Faculty Date _____

Advisor Date _____

Dean of Graduate Education Date _____

Graduate & Graduate Post-Bac Directed Study Form

MASSART

MASSACHUSETTS COLLEGE
OF ART AND DESIGN

Massachusetts College of Art and Design, GCE • 621 Huntington Avenue • Boston, MA 02115 • (617) 879-7166

(Please print or type)

Name: _____ MCA ID #: _____

Phone: _____ Program: _____ Semester/Year: _____

Area: Art Education (AE) Art History (CSA) Social Science (CSB) Literature (CSC)

The Directed Study is designed to provide a student with the opportunity to pursue an independent research project in an Art Education or Critical Studies area. Typically the end result of this project is a research paper of 30 plus pages, or the equivalent, as agreed upon by the faculty member supervising the project. Because of their advanced nature, directed studies are open only to seniors, and are limited to one each semester. No more than two directed studies may be counted toward degree requirements. The Directed Study is a 3-credit course.

Description of Program: Bibliography must be furnished on reverse side.

Goals: _____

Meetings with Instructor: 6 required. Dates must be filled in.

Dates:	_____	_____	_____
	1st	2nd	3rd
	_____	_____	_____
	4th	5th	6th

Signatures: Do not begin to teach until you have verified with Continuing Education (PCE) that the student is properly registered. Payment will be made when a grade report is turned in. Payroll information may be given to David Carder (617-879-7177 in PCE) instead of included on this form. SSN# will be needed for payment. Contact Dave Carder if you have not been paid by MassArt in the previous year.

Instructor: _____ Date: _____

Address: _____ Phone: _____

Advisor: _____ Date: _____

Dean of Graduate Education: _____ Date: _____

MASSART

MASSACHUSETTS COLLEGE
OF ART AND DESIGN

Undergrad Level Post-bac Independent Study Form

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Student Name _____ Semester _____

Phone _____ MassArt ID # _____ Program _____

PROPOSAL: Please indicate in the space below how this Independent Study will complement your work in the Major Studio or Art Education curriculum. Please also describe in concrete terms what results you expect to achieve from this interaction.

Criteria for credit:

MEETING DATES: Three required during the semester. Dates must be filled in.

1st meeting | 2nd meeting | 3rd meeting

Attention Faculty: Do not begin to teach until you have verified with Continuing Education (PCE) that the student is properly registered. Payment will be made when a grade report is turned in. Payroll information may be given to David Carder (617-879-7177 in PCE) instead of included on this form. Note that SSN# will be needed for payment. Contact Dave Carder if you have not been paid by MassArt in the previous year.

Faculty (print) _____ Department _____

Address _____ Phone/ _____

SIGNATURES:

Faculty Date _____

Advisor Date _____

Dean of Graduate Education Date _____