

Department of Biomedical Engineering
University of Massachusetts
Undergraduate Student Contract for Independent Studies

Student Name _____ ID# _____ # Credits _____

Phone # _____ Email _____

Course Number (Circle One): BME 296 BME 396 BME 496 Other: _____

Semester/Year of Enrollment: _____

What do you wish to study?

How will you conduct your research? (Project Description)

By signing below, you agree to the following minimum requirements for successful completion of an independent study:

- To meet with your advisor at least once a week.
- To write a report – Format to be determined by the faculty member (suggested length: 3000-4000 words).
- For every credit hour, to spend at least 3 hours per week working on the project.

Student Signature: _____ Date _____

By signing below:

- The faculty member agrees to keep a copy of the report on file which will be used for ABET visiting in the future.
- The faculty member is responsible for assigning the final grade, which will be sent to the UPD for uploading into Spire.

Approved: _____
Supervising Faculty Member: Printed Name Supervising Faculty Member: Signature

Undergraduate Program Director: Printed Name Undergraduate Program Director: Signature