Western Michigan University College of Fine Arts School of Music

Independent Study Project Form rev 6/13

Independent Study Project Request Form

Name	WIN	
Address		
Telephone	Email	
Course Numbe	ber (circle/check) MUS 4900 □ MUS 5970 □ M	⁄IUS 6980 □
Circle/check or	one: Fall □ Spring □ Summer I □ Summer II □	Year:
Description of	of project: (Please be succinct)	
How will the p	project be completed? (i.e., written paper, examination, observ	ation, etc.)
To be complete	eted by the faculty supervisor:	
1. Estimat	nate total faculty contact time (hours) required for project superv	vision
2. Credit t	t to be awarded for completion of project	
3. Faculty	ty Project Supervisor's signature	
Approving Sig	ignatures:	
Academic Adv	dvisor's signature	
School of Mus	usic Director's signature	

Note: The student is responsible for completing the project proposal and securing approval from the faculty supervisor. Completion of the proposal includes a project description, including culminating activity, and a timetable for completion of each phase of the project. Use the reverse side of this form to complete the proposal, and attach any supplemental pages if appropriate. The completed form must be submitted to the Academic Advisor for final signatures and course registration.

outline of project phases, including projected completion dates for each phase:		
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