

Independent Study Project Request Form

Name _____ WIN _____

Address _____

Telephone _____ Email _____

Course Number (circle/check) MUS 4900 MUS 5970 MUS 6980

Circle/check one: Fall Spring Summer I Summer II Year: _____

Description of project: (Please be succinct)

How will the project be completed? (i.e., written paper, examination, observation, etc.)

To be completed by the faculty supervisor:

1. Estimate total faculty contact time (hours) required for project supervision _____
2. Credit to be awarded for completion of project _____
3. Faculty Project Supervisor's signature _____

Approving Signatures:

Academic Advisor's signature _____

School of Music 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.

