

SCHOOL OF MUSIC

INDEPENDENT COURSE APPROVAL FORM

The following student \_\_\_\_\_  
(Name) (Student Number)

has my permission to enroll in an independent study as listed below for \_\_\_\_\_ semester,  
20XX \_\_\_\_\_ for \_\_\_\_\_ credit hours.

- MUS 490 Special Studies in Music \_\_\_\_\_
- MUS 493 B.A. Capstone Project \_\_\_\_\_
- MUS 499 Honors \_\_\_\_\_
- MUS 690 Special Studies in Music \_\_\_\_\_
- MUED 680 Document in Music Education \_\_\_\_\_
- MUED 690 Special Studies in Music Education \_\_\_\_\_
- MUED 691 Project in Music Education \_\_\_\_\_

In this INDEPENDENT STUDY, the student will be expected to complete the following assignment(s):

AUTHORIZATIONS

\_\_\_\_\_  
Faculty Member \_\_\_\_\_ Date

\_\_\_\_\_  
Advisor \_\_\_\_\_ Date

\_\_\_\_\_  
Undergraduate: Associate Director, School of Music \_\_\_\_\_ Date  
Graduate: Director of Graduate Studies, School of Music

cc: Faculty Member  
Advisor  
Director, School of Music