INDEPENDENT STUDY DEPARTMENTAL APPROVAL FORM

Circle Course:  MUS 490  570  579  Semester: ________  Year: ______

Student Name __________________________________  ID# _____________________________
Advisor Name __________________________________  No. of Credits _____________________

To be filled out by the student in consultation with the project advisor. The form must be submitted to and signed by the Department Chair during the semester prior to enrollment in the course. Use additional pages, if necessary.

Title of the Project:

Give a detailed description of your project.

What goals or objectives will be accomplished through your project? Which Department of Music Student Competencies are being learned through your goals and objectives (Identify and link the Competencies by codes.)?

How will your study be carried out? What activities will you complete to accomplish your goals and objectives?

To be filled out by the project advisor in consultation with the student. Use additional pages, if necessary.

List the project schedule, including meetings with the project advisor.

List the evaluation procedures to determine the final grade. How will achievement of the Department of Music Student Competencies be evaluated?

Student Signature ___________________________________________  Date ______________
Project Advisor Signature _______________________________________  Date ______________
Chair Approval ________________________________________________  Date ______________