

INDEPENDENT STUDY DEPARTMENTAL APPROVAL FORM

MUS Course: 490 Independent Study
 570 Graduate Project

591 Independent Study
579 Experiential Learning in Music

Semester: Year:

No. of Credits:

Student Name:

URI ID#:

Project Advisor Name:

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 Project:

Give a detailed description of your project:

What goals or objectives will be accomplished through your project? Identify and link Music Student Competencies to your goals.

How will your project or study be carried out? What activities will you complete to accomplish your goals?

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:

Graduate Advisor signature:

Date:

Department Chair	Approved	Denied

Department Chair signature:

Date: