

INDEPENDENT STUDY DEPARTMENTAL APPROVAL FORM

Course: MUS 490 (Independent Study) _____ 591 (Independent Study) _____ Semester _____

570 (Graduate Project) _____ 579 (Experiential Learning in Music) _____ Year: _____

Student Name: _____ URI ID#: _____

Project 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 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: _____

Graduate Advisor Signature: _____ Date: _____

Chair Approval: _____ Date: _____