



Independent Study Authorization Form

Name _____ PeopleSoft # _____

Degree _____ Concentration _____

Independent Study Course

MUSI

Class # _____ Subject _____ Catalog # _____ Section # _____ Credits _____

Year _____ Term (Check One) Fall Intersession Spring May Term Summer

Name of Independent Study to Appear on Transcript _____ Instructor _____

Please describe the work that you will do for the course in the space below. Indicate deadlines for papers or projects and what percentage of your grade these represent. (If you intend that this course substitute for a required course in your degree program, please indicate which required course you are replacing and why you cannot complete it. The substitution will need to be approved by the Undergraduate Curriculum Committee or the Graduate Studies Committee as appropriate.)

Advisor's Signature _____ Date _____

Instructor's Signature _____ Date _____

Department Head's Signature _____ Date _____

Dean's or Dean Designee's Signature _____ Date _____

To the Registrar's Office: Please add the above course with the designated name to the student's transcript.