



Independent Study Authorization Form

Name PeopleSoft #

Degree Concentration

Independent Study Course

	MUSI				
Class #	Subject	Catalog #	Section #	Credits	
	Fall	Intersession	Spring	May Term	Summer
Year	Term (Check One)				

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.