Outline of Plan for Independent Study
(Due on the last day to add classes in the respective semester)

NOTE: The Permission to Register for Independent Study form must accompany this outline.

Date: ____________________________

Student Name: ____________________________  ID Number: _______________________

Instructor: ____________________________  Semester/Year: ________________

Independent Study Title: _________________________________________________________

Degree Program Sought:  BA  BM  MM  DMA  PhD

Choose course number:

_____ MUE 497  Music Education Topic for Undergraduate students

_____ MUP 497  Performance and Composition topic for Undergraduate students

_____ MUS 497  Music History, Theory, and Literature topic for Undergraduate students

_____ MUE 697  Music Education Topic for Masters or Doctoral students

_____ MUP 697  Performance and Composition topic for Masters or Doctoral students

_____ MUS 697  Music History, Theory, and Literature topic for Masters or Doctoral students

_____ MUE 797  Music Education Topic for Masters or Doctoral students

_____ MUP 797  Performance and Composition topic for Masters or Doctoral students

_____ MUS 797  Music History, Theory, and Literature topic for Masters or Doctoral students

Number of Credit Hours: _____  (497: 1-3 hours; 697: 1-6 hours, 797: 1-12 hours)

Continue on reverse side
Statement and Purpose of Study (use an additional sheet, if necessary):

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Methods and Procedures (use an additional sheet, if necessary):

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Frequency and duration of meetings between student and instructor:

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Describe the requirements, outcomes, and grading criteria of the Independent Study. These must be tangible and measureable. (Examples: 30-page paper, 200 annotated index cards, interviews with five teachers and 5-page written summaries.)

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Required Signatures

Student: ___________________________________________  Date: __________________

Instructor: _________________________________________  Date: __________________

Department Head: __________________________________  Date: ________________