

## Request for Approval of Independent Project

Please email the completed form to [music@mail.wvu.edu](mailto:music@mail.wvu.edu) with the following subject:  
*Independent Study Form – YOUR NAME*

This form will be returned to you with confirmation of the CRN for you to register for the course. Please keep this for your records.

**Please complete this form in its entirety.**

Student Name: \_\_\_\_\_ ID Number (required): \_\_\_\_\_

Mix Email (required): \_\_\_\_\_

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Semester to Complete Project \_\_\_\_\_

MUSC 495

CRN \_\_\_\_\_  
(determined by SOM Office)

# of Credit Hours \_\_\_\_\_  
(Confirm with advisor)

Brief outline or description of the project. (If guided reading, attach a reading outline.)

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I have discussed this project with the above student and am prepared to undertake it with him/her. All necessary materials, equipment, music, or literature are at hand and/or in the library.

\_\_\_\_\_  
Faculty Member - Print & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Advisor - Print & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School of Music Director Approval Signature

\_\_\_\_\_  
Date