



College of Creative Arts

Request for Approval of Independent Project

Student Name: _____ ID Number (required): _____

Mix Email: _____

Semester Project to be completed

Music _____
(required)

CRN _____
(required)

of Credit Hours _____

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

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 Signature

Date

Approval of Advisor

Date

School of Music Director Approval Signature

Date