Independent Study allows Music students the opportunity to work individually with a faculty member and earn credit toward the Bachelor’s degree. Preferably, creative/research proposals focus on areas beyond those covered in the standard curriculum. Exploring a standard course offering in greater depth is also possible.

**Prerequisites:**

Before pursuing Independent Study in a particular area, the student will have completed the basic courses in that area. For example, a student interested in composition will have taken MUSIC 224, or a student interested in history will have taken MUSIC 303 or MUSIC 315, or a student interested in performance will have reached at least Level 6. Generally, students in their junior or senior year enroll in such study.

**Enrollment Process:**

Before being enrolled in an Independent Study, the student will first complete the following steps:

1. Approach any faculty member who has expertise in the proposed area of study. Please note that a faculty member is under no obligation to direct an Independent Study.

2. Make a plan using the accompanying Music Independent Study for Credit Application form as a guide.

3. Schedule a meeting with the prospective Independent Study Faculty Advisor to discuss the plan.

4. When the student and prospective Study Faculty Advisor have worked through the plan and are in agreement, the student will complete the accompanying Music Independent Study for Credit Application form. Signatures of both the student and Faculty Advisor are required on the form.

5. Submit the completed application to the Department Chair who may make further suggestions on improving the proposal. Once approved and signed by the Department Chair, a copy will be made for the student and the original will be on file in the department.

6. In consultation with the Department Chair, the Independent Study will be scheduled for the semester agreed to by both the student and Faculty Advisor.
MUSIC INDEPENDENT STUDY FOR ACADEMIC CREDIT
APPLICATION

Date______________   Semester in which course will be completed____________

Student Name:____________________________________  UMS ID#________________

Phone:____________________    Email:____________________________________

Major(s):____________________  Minor(s):____________________

Will the Ind. Study replace a specific required course? Yes/No If yes, which course?_____

Number of Credits for Independent Study:_______

Faculty Advisor:_______________ Email:____________________________________

Academic Rational for Pursuing an Independent Study:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Project Objectives:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Description of Project

__________________________________________________________________________
__________________________________________________________________________
Expected Outcomes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Basis/Method of Evaluation and Assessment of Outcomes:

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

REQUIRED SIGNATURES

________________________________________________________________________  Date

Student

________________________________________________________________________  Date

Ind. Study Faculty Advisor

________________________________________________________________________  Date

Department Chair