



Independent Study Request

Name: _____ **NSHE ID #:** _____

Phone: _____ **Email:** _____

Major: _____ **Semester:** _____

Course Number: _____ **Section:** _____ **Credits:** _____

Course Title: _____

Advisor (print): _____

Advisor Signature: _____ **Date:** _____

Please state the proposed course of study; giving the description, scope and materials created, and end product.

Director of Study (print): _____

Director of Study Signature: _____

Date: _____

School of Music Director Approval: _____ **Date:** _____