

CSUF SCHOOL OF MUSIC

GRADUATE/ARTIST DIPLOMA INDEPENDENT STUDY APPROVAL FORM
MUSIC 599

This form reserves a place for you in your faculty supervisor's teaching load. It does not register for you for the class. **This form must be completed digitally and must not be submitted in print form.**

Semester Requested:

Name:

CWID:

Degree/Concentration:

Number of units (1-3):

Choose one (give a detailed description and rationale below)

Development of 598 thesis or 597 project proposal

Other special project

Please type the name of the following people and obtain their digital signatures.

Name and signature of supervisory faculty member:

Signature:

Date:

Name and signature of Graduate or Artist Diploma Advisor:

Signature:

Date:

Name and signature of Director, School of Music:

Signature:

Date: