

**Columbus State University
SCHWOB SCHOOL OF MUSIC**

Independent Study Application

Name

Date of Application

Degree

Undergraduate

Graduate

I wish to register for the following course to be completed on an independent study basis during

Fall

Spring

Summer

semester of (year).

Course: MUSC 4899

MUSE 4899

MUSE 6899 (check one)

Credit Hours

_____ has agreed to serve as directing professor for this course

Topic or Title of Study

Brief Description of Study:

Approved:

Advisor

Date

Directing Professor

Date

Assoc. Dir. for Student Services

Date

**Copies: Student File
Advisor
Directing Professor**