



The University of Georgia

HUGH HODGSON SCHOOL OF MUSIC

REQUEST FOR INDEPENDENT STUDY

Date: _____

Student's name: _____ 810/811 # _____

Course number: _____ Credit hours: _____

Degree program and major: _____

Material to be studied: _____

Instructor's name: _____

Semester requested: _____

Course Registration Number: _____

Student: Please give justification for requesting this independent study and what you expect to accomplish.

Instructor: Please list any books the student will be required to read and give a detailed outline of what you expect this student to accomplish with this independent study. (Please attach additional page)

Student's signature: _____

Instructor's signature: _____

Approved: Student's Advisor: _____

Associate Director: _____

Please submit this completed form to Abigail Butcher in 324C for processing.