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# The University of Georgia

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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 Jeremy Wheatley in 324C for processing.*