

Request for Permission to take an Independent Study Course

Fall 20__

Winter 20__

Summer 20__

- | | | | | |
|--------------------------------|----------------|--------------------------|----------------|--------------------------|
| Private Lessons in Composition | MUSI 5006A 3.0 | <input type="checkbox"/> | MUSI 5006B 3.0 | <input type="checkbox"/> |
| Performance Option | MUSI 5410 3.0 | <input type="checkbox"/> | | |
| Performance Studio | MUSI 5500 3.0 | <input type="checkbox"/> | | |
| Recital | MUSI 5550 3.0 | <input type="checkbox"/> | | |
| Ensemble | MUSI 5551 3.0 | <input type="checkbox"/> | | |
| Directed Reading | MUSI 6510 3.0 | <input type="checkbox"/> | MUSI 6520 3.0 | <input type="checkbox"/> |
| | | | MUSI 6530 3.0 | <input type="checkbox"/> |

Student Name:		Student Number:			
Instructor:		Department:			
Title: (This title will be documented on your records)					
Brief Description: (Detailed Proposal Attached)					
<p>Please Submit the Following Information:</p> <table border="0"> <tr> <td style="background-color: #e0e0e0; padding: 5px;"> Office Use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="padding: 5px;"> <input type="checkbox"/> Rationale <input type="checkbox"/> Schedule of Meetings and Submission of Work <input type="checkbox"/> Evaluation Methods and Detailed Breakdown <input type="checkbox"/> List of Texts and Materials, including (if applicable): <input type="checkbox"/> bibliography <input type="checkbox"/> discography <input type="checkbox"/> videography Human Participants are required for this course No <input type="checkbox"/> Yes <input type="checkbox"/> </td> </tr> </table>				Office Use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Rationale <input type="checkbox"/> Schedule of Meetings and Submission of Work <input type="checkbox"/> Evaluation Methods and Detailed Breakdown <input type="checkbox"/> List of Texts and Materials, including (if applicable): <input type="checkbox"/> bibliography <input type="checkbox"/> discography <input type="checkbox"/> videography Human Participants are required for this course No <input type="checkbox"/> Yes <input type="checkbox"/>
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Instructor's Signature:		Date: (mm/dd/yyyy)			
Student Signature:		Date: (mm/dd/yyyy)			
Date Approved by the Graduate Executive Committee:		GPD Signature:			

Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* and will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use and disclosure of personal information by York University, please contact: Music Program, Faculty of Graduate Studies, 371H Accolade East, (416) 736-2100 x 77122.