

	Fall		Spring	Year	
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College of Music **Special Studies Request**

Student Name:	Student Number:
Degree: □ BA □ BM □ BME □ Other	Instrument/Voice:
Local Address:	
City:	State: Zip Code:
CU Email:	Phone #:
Number of credits: \Box 1 \Box 2 \Box 3	Office Use Only – course number: TMUS
which the student is, in essence, working for an in	the professor in learning appropriate skills. Projects in astructor will not be approved. Students must also do an dit. For one credit this would normally involve fifteen ademic coursework.
1. Description of Project	
2. Explain what assignments will be done and how mu (A paper of what length? Observations or meetings for h	
3. Why does this project need to be done as a special s	studies or independent study rather than normal coursework?
Instructor Name (print)	
Instructor Signature of Approval	Date:
Associate Dean Signature of Approval	Date: