

**Columbus State University  
SCHWOB SCHOOL OF MUSIC**

**Independent Study Application**

**Name**

**Date of Application**

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**Degree**

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Undergraduate

Graduate

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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**

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**Directing Professor**

**Date**

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**Assoc. Dir. for Student Services**

**Date**

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**Copies: Student File  
Advisor  
Directing Professor**