

Class # \_\_\_\_\_ (Office Use Only)

# UNIVERSITY OF UTAH SCHOOL OF MUSIC

## APPLICATION for 6000 LEVEL - INDEPENDENT STUDY COURSES

**Application Deadline for Fall 2017: Wednesday, August 23, 2017.**

*Students are responsible for enrolling in these courses.*

*Submitting this form **does not** enroll students for academic credit.*

**Last day to add full session courses is September 1, 2017, NO EXCEPTIONS.**

Put an "X" by the appropriate catalog number and fill in the number of credit hours (CH) for which you are applying.

	Credit Hrs.
_____ MUSC 6910 - Individual Research: Master's (arr. 1-3 CH)	_____
_____ MUSC 6920 - Master's Performance I (1 CH) special fee: \$150/sem.*	_____
_____ MUSC 6930 - Master's Performance II (1 CH) special fee: \$150/sem.*	_____
_____ MUSC 6940 - Master's Performance III (1 CH) special fee: \$150/sem.*	_____
_____ MUSC 6950 - Conducting Performance Recital I (arr. 1-3 CH) special fee: \$150/sem.*	_____
_____ MUSC 6960 - Conducting Performance Recital II (3 CH) special fee: \$150/sem.*	_____
_____ MUSC 6970 - Thesis Research: Master's (arr. 1-10 CH)	_____
_____ MUSC 6975 - Music Education Project: Master's (arr. 1-10 CH)	_____
_____ MUSC 6976 - Composition Final Project: Master's (arr. 1-10 CH)	_____
_____ MUSC 6977 - Research in Musicology (arr. 1-3 CH)	_____
_____ MUSC 6980 - Faculty Consultation: Master's (3 CH)	_____

\*This fee covers program production and printing, piano tuning, and recording costs. There is also a required deposit of \$25 for recital hall reservations (in addition to the \$150 special fee); the deposit is refunded if the recital hall and the green room are left in the same condition as they were provided.

Circle Semester: Fall Spring Summer Year \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Faculty Supervisor/Instructor of the Requested Course: \_\_\_\_\_

Brief description of project: \_\_\_\_\_

X  
\_\_\_\_\_  
Signature of Faculty Supervisor/Instructor Date

X  
\_\_\_\_\_  
Signature of Graduate Advisor or Supervisory Chair Date

<i>Office Use Only</i>	
X _____	_____
Signature of Director of Graduate Studies (Dr. Robert Baldwin)	Date