



DEPARTMENT OF MUSIC

MUS 499 INDEPENDENT STUDY FORM

SEMESTER/YEAR: FALL _____ SPRING _____ 20_____

NAME: _____ PERSON #: _____

EMAIL: _____@BUFFALO.EDU

DEGREE PROGRAM: _____

FACULTY: _____

DESCRIPTION: _____

IS THIS A COURSE SUBSTITUTION FOR A DEGREE REQUIREMENT? IF SO, WHICH ONE?:

STUDENT _____	DATE: _____
FACULTY APPROVAL: _____	DATE: _____

Return completed form to Nicole Rosen at nrosen@buffalo.edu.

For Office Use Only: Reg. # _____ Date _____ Initials _____