

MUS 600 INDEPENDENT STUDY FORM

Semester: Fall Spring

Year: _____

Name: _____

Person #: _____

Email: _____@buffalo.edu

Degree program: _____

Faculty Member: _____

Description of Independent Study:

Is this a course substitution for a degree requirement? Yes No

If so, which one? _____

STUDENT: _____ DATE: _____

FACULTY APPROVAL: _____ DATE: _____

Please return completed form to Kevin Vazquez Mendez at kevinvaz@buffalo.edu.

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