University of Michigan  
School of Music, Theatre & Dance  
MFA INDEPENDENT STUDY PROPOSAL

This form must be accompanied by a 1,000 word proposal detailing the proposed project and justifying the number of credit hours requested. Forty-two hours of work equals one credit when computing the number of credit hours elected. After your Instructor has reviewed and signed-off the proposal, it must be presented to your Year Advisor for approval. The completed and approved MFA Independent Study Form serves as an override request and must be submitted to the Department Administrator. Separate and project-specific proposals are required for each Independent Study course election.

STUDENT: ___________________________________________ UMID: ___________

Term(s): _______________ Year _______________

Dept: _______________ Course #: ___________

Credit Hours: ______________ Course Title: ____________________________________________

Rationale for requested number of credit hours and duration of project

Learning objectives:

___________________________________________________________________________

___________________________________________________________________________

Methods and resources to be used:

___________________________________________________________________________

___________________________________________________________________________

Results to be evaluated (written work, performance, etc.):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Student signature/DATE __________________________________________________________________________/

Instructor name (printed) _________________________________________________________________________

Instructor signature/DATE _________________________________________________________________________

Year Advisor name (printed) _______________________________________________________________________

Year Advisor signature/DATE _______________________________________________________________________

Updated 8/23/12