INDEPENDENT STUDY
THEA 530

Student Name: ________________________________________ DAWG Tag # ____________________

Semester (indicate year):  Fall ________  Spring ________  Summer ________

Number of credit hours  (must be between 1 and 8): ________

Brief description of material to be covered:

Student Name: _________________________________________________________________
(printed name)

_________________________  __________________________
(signature)  (date)

Faculty Approval: Timothy Fink, Opera/Musical Theater

_________________________  __________________________
(signature)  (date)