UNIVERSITY OF MASSACHUSETTS AMHERST

MUSIC AND DANCE

GRADUATE
SPECIAL PERMISSION FORM

For use with Course Overrides, Independent Studies, Special Topics

TERM: ◯ **FALL** ◯ **SPRING** **YEAR:** _____

Fill out and return to Graduate Program Coordinator BEFORE Add/Drop deadline

273 Fine Arts Center, aaberg@umass.edu

STUDENT INFORMATION

Name:	Date:
SPIRE Number:	Major: Degree Program
Email Address:	Expected Graduation Year:
Phone Number:	◯ May ◯ Sep ◯ Feb _____

COURSE INFORMATION

◯ Independent Study	Music 696	Class Number: 77231	Credits (1-3)
◯ Special Topics	Music 697	Class Number: 77232	Credits (1-3)
◯ Special Topics/REPERTOIRE	Music 697A	Class Number: 77233	Credits (1-3)

◯ **OVERRIDE:** Course Name and Catalog Number: _____

Class Number: _____

☐ Override number of credits for variable credit course (instructor signature not required) : Credits _____

‡If taking Music 696/697, attach proposed course content‡

Reason for Override:

Justification for 696/697 *(explain why proposed course content cannot be completed through enrollment in an established course)*:

_____ Date: _____

Student Signature

FACULTY SPONSOR / PERMISSION

I support this request and agree to assume responsibility for supervising and evaluating the student's work in the above course.

Faculty/Instructor Name (print/type): _____

_____ Date: _____

Faculty/Instructor Signature

OVERRIDES:

◯ Process override ONLY if space available.

◯ Process override regardless of course capacity.

DEPARTMENT PERMISSION

_____ Date: _____

Graduate Program Director Signature

◯ PROCESSED

◯ NOT PROCESSED

Reason :