



UNDERGRADUATE

SPECIAL PERMISSION FORM

For use with Course Overrides, Independent Studies, Special Topics

TERM: FALL SPRING YEAR: _____

*Fill out and return to Undergraduate Program Coordinator BEFORE Add/Drop deadline
263C Fine Arts Center, angeliep@music.umass.edu*

STUDENT INFORMATION

Name:	Date:
SPIRE Number:	Major and Subplan:
Email Address:	Expected Graduation Year:
Phone Number:	May Sep Feb _____

COURSE INFORMATION

Independent Study	Music 496	Class Number: _____	Credits (1-3) _____
Special Topics	Music 497	Class Number: _____	Credits (1-3) _____
OVERRIDE Course Name and Catalog Number: _____		Class Number: _____	Section Number: _____
<i>(Lab number and section if applicable)</i>		Lab Number: _____	Lab Section Number: _____

Proposed Course Content for Music 496/497 (attach additional documentation if necessary):

Reason for Override:

Justification for 496/497 (*explain why proposed course content cannot be completed through enrollment in an established course*):

Student Signature Date: _____

FACULTY SPONSOR / PERMISSION

Faculty/Instructor Name (print/type): _____

Faculty/Instructor Signature Date: _____

OVERRIDES:

Process override ONLY if space available.
Process override regardless of course capacity.

DEPARTMENT USE ONLY

Chief Undergraduate Advisor (if required) Date: _____

PROCESSED
NOT PROCESSED
Reason :