Approval Form for Terminal Creative Project Proposal (M.Mus. in IMT)

Instructions
This approval form shall be submitted to the Graduate Office at least one term prior to the term of expected graduation (e.g. winter term for spring graduation). At least three faculty members are to approve the proposal; they will also serve as the examining committee at the final oral examination. One, the adviser for the project, will be a member of the School of Music and Dance faculty in an appropriate scholarly area, with whom the student will register for the nine hours of MUS 609, Terminal Project, required in the IMT program. The other two will be faculty in appropriate scholarly areas who, by their signatures, agree to assist the adviser during preparation of the project in whatever way is mutually agreed on, and to take part in the final examination. This committee must also be approved by the Director of Graduate Studies.

☐ Attach a complete copy of the proposal to this form. The original signed approval form is to be placed in the student's file; a copy should be retained by the student. If the nature of the project changes, or if the makeup of the committee changes, a revised form and/or proposal must be filed in the Music Graduate Office.

☐ If human subjects are to be used, permission must be given by Research Compliance Services (http://humansubjects.uoregon.edu) prior to any contact with the subjects. See A11 and A12 of the Procedures and Policies.

Name: ___________________________ Date: ____________ This is a: ☐ New proposal ☐ Revised proposal/committee

Title of the Proposed Project:

Brief Description of the Proposed Project:

Preliminary Approval of the Project:
Names (please print or type) ___________________________ Signatures: ___________________________

Adviser: ___________________________________________ Date: ____________
Committee Member: ___________________________ Date: ____________
Committee Member: ___________________________ Date: ____________
Committee Approval: ___________________________ Date: ____________

Director of Graduate Studies ___________________________ Date: ____________

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