**STUDENT**: *Please complete all information in Sections 1–6 below. When completed, email this form to your supervisor*.

**SUPERVISOR**: *Please complete Sections 7–9 below. Email this form to the Director or nominee (Deputy Director or NZSM Postgraduate Coordinator)*.

**DIRECTOR’S NOMINEE**: *Once approval is obtained, notify the relevant FHSS Student and Academic Services Office (SASO) staff member https://www.wgtn.ac.nz/fhss/student-admin/student-administration/student-advisers*

**STUDENT TO COMPLETE THIS SECTION:**

1. Student information

|  |
| --- |
| Your Name & Student ID |
|  |
| Victoria Email Address |
|  |
| Degree, Major, and Year (Performance Majors: list your primary instrument)  |
|  |

1. Course information

|  |
| --- |
|  Course Code and CRN (refer to https://www.wgtn.ac.nz/nzsm/study) |
|   |
| Trimester in which you wish to take this course |
| **Trimester**: 1 [ ]  2 [ ]  Full Year [ ]   |

1. Outline of study

|  |
| --- |
| Please outline your course of study, including the proposed topic, readings and projects you will undertake.Applicants for second instrument study must also indicate the instrument they intend to learn. |
| Short Title: Details of Course of Study:  |

1. Prior learning in this area

*(ISPs are intended only for high-achieving students who wish to extend their expertise in an area in which they have already received training.)*

|  |
| --- |
| Indicate which class-taught courses you have already taken in this area, and your results in them |
|  |

1. Rationale for enrolling in ISP

|  |
| --- |
| Indicate why the skills learned in this course will not be obtained through one of the class-taught courses offered |
|  |

1. Supervisor & other staff

|  |
| --- |
| Name of permanent staff member you have approached who agrees to supervise/coordinate your project |
|  |
| Names of any other staff who might be involved (e.g. artist teachers) |
|  |

**SUPERVISOR TO COMPLETE THIS SECTION:**

1. Comments on the proposed course of study

|  |
| --- |
| SUPERVISOR: Please comment on the appropriateness of the course of study, and an assessment of the student’s ability to achieve their proposed outcomes |
|  |

1. Proposed assessment items, word lengths/durations, weightings, deadlines (supervisor to complete)

*Please complete all information as requested below, adding or deleting table rows as required. The proposed assessment items must conform to Victoria’s assessment regimes. Please refer to the Assessment Handbook* ([*www.wgtn.ac.nz/documents/policy/staff-policy/assessment-handbook.pdf*](http://www.wgtn.ac.nz/documents/policy/staff-policy/assessment-handbook.pdf)) *or contact the Academic Manager for this information.*

|  |  |  |  |
| --- | --- | --- | --- |
| Assessment name | Word length / duration | Due date | Weighting (%) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Additional course of study details

|  |
| --- |
| Provide additional details of the course of study, including number of lessons (if applicable), attendance requirements (such as music forums, performance or composer workshops, etc.) or other mandatory requirements |
|  |

**APPROVALS**

1. Supervisor

|  |  |
| --- | --- |
| Supervisor Approved/Declined: |  |
| Date: |  |
| State any further info needed: |  |
| If declined, state rationale: |  |

*SUPERVISOR: Email to the Director or nominee (Deputy Director or NZSM Postgraduate Coordinator) when you have completed this section.*

1. Director (or nominee)

|  |  |
| --- | --- |
| Director (or nominee): Approved/Declined: |  |
| Date: |  |
| State any further info needed: |  |
| If declined, state rationale: |  |