

EASTERN MICHIGAN UNIVERSITY
Department of Music

**Procedure for Registering for
MUSC 697 (1.0 cr. hr.)
or
MUSC 698 (2.0 cr. hrs.)
Independent Study**

Students should understand that faculty members receive no load credit or compensation for directing independent studies. Faculty are not obligated to assume this responsibility. Due to other assignments or obligations, faculty members may be unwilling or unable to serve as the director of an independent study.

In order to register for MUSC 697 or MUSC 698, follow this procedure:

- *Determine how the course will be used on the Program of Study*

You may use no more than six hours of independent study on your Program of Study and no more than 12 hours of the following categories in combination: Special Topics, Independent Study, Seminar, Workshop, Thesis/Final Project, Correspondence courses (1-4 hours with Grad School approval)

- *Completely fill out the contract form on the back of this sheet*
- *Get the signature of the Study Director*
- *Sign the form yourself*
- *Turn in the contract form to the Graduate Coordinator in the Music Office*
- *After the contract is approved and signed by the Graduate Coordinator, you will be registered by the Music Office staff.*

EASTERN MICHIGAN UNIVERSITY

Department of Music

Independent Study Contract

Select one:

MUSC 697 (1.0 cr. hr.)

MUSC 698 (2.0 cr. hrs.)

Student ID#: E _____ Phone: (_____) _____

Name: _____

e-mail address: _____

Local Mailing Address: _____

Degree Concentration: _____ Advisor: _____

Title of Study: _____

Attach a brief statement (typed or computer printed) explaining the form of the study, the content of the study, the anticipated procedure for its completion, and the method of evaluation.

I agree to complete the study under the terms of this contract.

Signature of Graduate Student: _____ Date: _____

I agree to direct the work of this student in the study described above and attached. The student and I have specified conference times, requirements, and standards for completing the study.

Signature of Study Director _____ Date: _____

Approved

Signature of Graduate Coordinator: _____ Date: _____

CRN: _____ Date Enrolled _____ By: _____