Eastern Michigan University
Department of Music/Dance

Enrollment Form

For use AFTER the last day for students to ADD COURSES

Please complete information and return to: Dept. of Music/Dance, N-101 Alexander Music Bldg.

Today's Date: _____ **PLEASE ENROLL ME IN THIS COURSE**

CRN# _____ Semester or Term: FALL WINTER
(circle one) SPRING SUMMER

DANC
MUSC _____ Section: _____ Title: _____
(circle) (course number)

Student Name: _____

Student EID Number: **E** ___ ___ ___ ___ ___ ___ ___ ___

Student's Signature: _____
(I understand I will be enrolled in the requested course)

Instructor's Signature: _____

Department Head's Signature: _____

Date Enrolled (Banner): _____ By: _____