

Eastern Michigan University  
Department of Music & Dance  
Graduate Comprehensive Examination  
**Application Form**

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STUDENT NAME (Printed)

SIGNATURE

DATE

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EID#

E-MAIL

PHONE

Return completed form (with faculty signatures) to the Graduate Coordinator TWO WEEKS prior to the date of the first examination. Exams are to be scheduled Monday through Friday and are to begin 8:30 AM—2:00 PM.

Requested Examination appointments:

**1. Foundation Examination** (Music Theory and Music Literature—all Graduate Students)

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*Day of week*

*Date (Month/Day/Year)*

*Beginning time (allow 3 hours)*

**2. Concentration Examination**

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*Day of week*

*Date (Month/Day/Year)*

*Beginning time (allow 3 hours)*

**READING (Grading) Committee** for Concentration Examination

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*FACULTY NAME (Printed)*

*SIGNATURE*

*DATE*

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*FACULTY NAME (Printed)*

*SIGNATURE*

*DATE*

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*FACULTY NAME (Printed)*

*SIGNATURE*

*DATE*

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*Approved (Graduate Coordinator signature)*

*Approved (Department Head signature)*