

Eastern Michigan University
Department of Music
Graduate Program: MA in Music

Concentration:

Projected Date of Completion:

Name:

Student Number:

E-mail:

Phone (Home):

(Work):

	Sem. Hrs.	Session Compl.	Trans. Inst. or Exten.	Dept. Use
<i>Foundation Courses (12)</i>				
<i>Area of Concentration (14)</i>				
<i>Electives (4)</i>				

Date: _____

Advisor's Signature: _____

Date: _____

Student's Signature: _____