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
                                      (circle one)  WINTER
                                      SPRING  SUMMER

DANC  ____________ Section: _________  Title: __________________________________________
MUSC  ____________ (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: _________________________