

Eastern Michigan University  
School of Music & Dance  
**IMPROVISATION CONTRACT**

**STUDENT:**

1. Fill in all required information.
2. Obtain applied instructor and department head signatures.
3. Return original to the School of Music & Dance Office no later than the end of the second full week of Fall/Winter classes. Give a copy of this completed form to your applied music instructor and retain a copy for your own records.

Student Name \_\_\_\_\_ EID # \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Applied Music Prefix and Number \_\_\_\_\_ Credit Hours \_\_\_\_\_

Improvisation Project Deadline \_\_\_\_\_ Semester/Year \_\_\_\_\_

Improvisation Project Description (include specific objectives): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Instructor Name \_\_\_\_\_

**INSTRUCTOR:** At the end of the semester, please fill in the requested information below and return to the Department Head no later than the day on which course grades are due. An incomplete can be given on an improvisation project only if it is also given in the course.

Evaluation of the student's work: \_\_\_\_\_

\_\_\_\_\_

Improvisation Project Credit: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Applied Music Grade: \_\_\_\_\_

\_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE PERSONNEL:** Please fill in the following information:

\_\_\_\_\_  
Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Applied Music/Improvisation CRN# \_\_\_\_\_