

EASTERN MICHIGAN UNIVERSITY
School of Music & Dance

Procedure for Registering for

MUSC 697 (1 .0 cr. hr.)

or

MUSC 698 (2.0 cr. Hrs.)

Independent Study

Students should understand that faculty members receive no load credit or compensation for directing independent studies. Faculty are not obligated to assume this responsibility. Due to other assignments or obligations, a faculty member may be unwilling or unable to serve as the director of an independent study.

In order to register for MUSC 697 or MUSC 698, follow this procedure:

1. Determine how the course will be used on the Program of Study

You may use no more than six hours of independent study on your Program of Study and no more than 12 hours of the following categories in combination: Special Topics, Independent Study, Seminar, Workshop, Thesis/Final Project, Correspondence courses (1 -4 hours with Grad School approval)

2. Completely fill out the contract form (page 2 of this document)
3. Get the Study Director's approval/signature
4. Sign the form yourself
5. Submit the contract form to the Graduate Coordinator in the School of Music & Dance office.
6. After the contract is approved and signed by the Graduate Coordinator, the School of Music & Dance office staff will create a section of the course you need and will enter permission in the online registration system. You will receive an e-mail to let you know when the course is ready for you to register.

EASTERN MICHIGAN UNIVERSITY
School of Music & Dance

Independent Study Contract

Circle one:

MUSC 697 (1.0 cr. hr.) MUSC 698 (2.0 cr. hrs.)

Student EID#: E _____ Degree program: _____

Phone: (_____) _____

Name: _____

e-mail address: _____

Local US Mail address: _____

Attach a brief statement (typed or computer printed) explaining the form of the study, the content of the study, the anticipated procedure for its completion, and the method of evaluation.

I agree to complete the study under the terms of this contract.

Graduate Student: _____
signature *date*

I agree to direct the work of this student in the study described above and attached. The student and I have specified conference times, requirements, and standards for completing the study.

Study Director _____
signature *date*

print name

Approved.

Graduate Coordinator _____
signature *date*

School Director _____
signature *date*

Section created (CRN#): _____ Permission entered: _____
date *date*

Student e-mailed when ready to register: _____ By: _____
date *initials*