

College of Fine Arts

MUSI 50970 – Special Problems Contract

DEPARTMENTAL AND GRADUATE DEAN'S APPROVAL REQUIRED BEFORE REGISTRATION

Student's Name _____ ID# _____

MUSI 50970, Section # _____ Hours Credit _____

Course substitutes for: _____

Give a brief statement of your goals: _____

Give the specific steps you propose to realize these goals: _____

Course Calendar:

Weeks 1-4:

Weeks 5-8:

Weeks 9-12:

Weeks 13-15:

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Course's Faculty Supervisor: _____ Date: _____

Chair School of Music
(Dr. Kristen Queen): _____ Date: _____

Graduate Dean
(Dr. William Gibbons): _____ Date: _____