

**Permission to Register for Individually Designed Special Problems Courses**

**MUS 692, MED 692, MUS, 792, MED 792**

Student Name: \_\_\_\_\_ EMPL ID: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

*Important: Special Problems courses demand a minimum of 45 hours work for each hour of credit earned. It is expected that the result of any problem undertaken be available for faculty examination; copies of term papers, examinations, or compositions must be turned in to the Music Office for scrutiny by interested faculty.*

**Circle the correct course number:**

MUS 692      MED 692      MUS 792      MED 792      Semester: \_\_\_\_\_ Credit Hours \_\_\_\_\_

Title of Special Problems course: \_\_\_\_\_

Purpose: \_\_\_\_\_

Result (examination, paper, composition, performance, etc.): \_\_\_\_\_

Reason for taking this course (check next to appropriate statement and get required signatures):

\_\_\_\_\_ Interest only, does not count toward degree (Graduate Coordinator and Instructor must sign below).

\_\_\_\_\_, Graduate Coordinator

\_\_\_\_\_, Instructor

\_\_\_\_\_ Degree requirement or elective (all advisory committee members and instructor must sign below).

\_\_\_\_\_, Committee Chair

\_\_\_\_\_, Committee Member

\_\_\_\_\_, Committee Member

\_\_\_\_\_, Committee Member

\_\_\_\_\_, Committee Member

\_\_\_\_\_, Instructor

\_\_\_\_\_ Substitution for a course found on student's degree plan (all advisory committee members and instructor must sign below). \*\*Attach a letter of explanation to this form for review by the School of Music Graduate Committee.

\_\_\_\_\_, Committee Chair

\_\_\_\_\_, Committee Member

\_\_\_\_\_, Committee Member

\_\_\_\_\_, Committee Member

\_\_\_\_\_, Committee Member

\_\_\_\_\_, Instructor

**This form must be turned in to the Graduate Coordinator before the end of SOAR open registration**