
The Ohio State University — School of Music — Graduate Studies

Please circ	le semester:					
Autumn	Spring	Summer	Year			
Student's l	Name					
Circle one	course numbe	r: Music 61	93	8193	Other	<u>—</u>
Is this cou	rse number be	ing substituted	d for ano	ther course? yes	no	
If yes, for	what course is	it being substi	ituted? _			
Description	n of Project: _					
Hours of C	Credit	Ins	tructor _			
Signature	of Instructor _					

Please submit this form to Rebecca Harrah, Graduate Studies Coordinator for Music Graduate Studies, 310 Weigel Hall. It is due at the beginning of the semester in which the course work is to be done. This information will be used in a degree check at the time of graduation.

PLEASE NOTE THAT YOU ARE STILL RESPONSIBLE FOR REGISTERING FOR THE COURSE YOURSELF VIA A COURSE ENROLLMENT PERMISSION FORM SUBMITTED TO THE GRADUATE SCHOOL.