BALL STATE UNIVERSITY, SCHOOL OF MUSIC REQUEST FOR CAPSTONE ENROLLMENT, MUSP 597

This MUST be submitted to the Graduate secretary, with approvals, no later than TWO WEEKS BEFORE the semester of enrollment. If you are taking MUSP 596 currently, please submit this form no later than TWO Weeks BEFORE the semester of enrollment with approval pending signature below for the registration.

No enrollment permission w	rill be given without this com	pleted form.	
Name:	ID#:	Email:	
I request to enroll in a CA Fall Spring Summer ser			
a	nd my major teacher or m	entor for my <u>major</u>	is
I have completed (or am or requirements already (lis			neurial course
Title of Project:			
ATTACH a fully-formed expapplicable), a project timelin semester—tangible evidence over two semesters, please been done or will be done in	ne, and what you reasonably ee of work you will accompli clearly indicate what will be	anticipate will be consh. (IF you intend to s	npleted during the pread your project
Pending approval	Dr. Watanabe	date	
Approval of proposal	Dr. Watanab	oe date	
((instructor) has agreed to	mentor me in this p	roject and has
approved the timeline an	d description.	signature	date.
Approved (permission co	de to enroll may be given):	
	(Graduate Coordinator si	gnature)	date.
	(SoM Director signature)	date.	