## EMERSON COLLEGE PRODUCTION PROJECT CONTRACT

## **Performing Arts Production Project**

- All sections of this form must be completed in full.
- Course is worth either 2 or 4 credits.
- Submit the completed form to the Student Service Center no later than the end of add/drop. The Registrar's Office will register you.

## Part 1: Student and Course Information

| First Name  | Last Name                      | Last Name   |                 | ID#                       |           | Phone Number   |  |
|---|--------------------------------|-------------|-----------------|---------------------------|-----------|----------------|--|
|   |                                |             |                 |                           |           |                |  |
| Term and Year (e.g. Spring 20   | Number of Credits (circle one) |             | one) Choose Lev | Choose Level (circle one) |           |                |  |
|   |                                | 2           | 4               | 300-level                 | 400-level | graduate-level |  |
| Choose Section (circle one)  A – Acting D – Stage/Production Manag B – Directing E – Arts/Business Manageme C – Design/Technology F – Musical Theatre  Justification for Project (attach additional sheet if necessary) |                                |             |                 |                           |           |                |  |
| Student Signature:  Part 2: Instructor Appro  Evaluation Procedure (including)  | val                            |             |                 | Date                      | e:        |                |  |
| Faculty Signature:  |                                |             |                 | Da                        | te:       |                |  |
| Faculty Name (please print):  |                                |             |                 |                           |           |                |  |
| Part 3: Academic Adviso I approve this Production Project   | _                              | nt Chair Ap | proval          |                           |           |                |  |
| Academic Advisor Signature:   |                                |             |                 | Date:                     |           |                |  |
| Department Chair Signature:   |                                |             |                 | Date:                     |           |                |  |
| Registrar's Office On   | ly:                            |             |                 |                           |           |                |  |
| CRN:  | Proces                         | ssed by:    |                 | Date                      | :         |                |  |