BRASS DEPARTMENT EXAMINATION FORM

Name ___________________________ Class ______ Instrument ____________ Major ______ Date ______

Jury:

☐ B.A. non-major beginning
☐ B.A. non-major
☐ B.A. Music
☐ Secondary
☐ Music Education
☐ Performance

Pre-recital hearing:

☐ B. Art
☐ B. M-Educ.
☐ Junior
☐ Senior
☐ Non-required

☐ B.M. Perf.: Performance Review
☐ B.M. Perf.: Qualifying Exam
☐ B.A. Music: Qualifying Exam
☐ B.M. Educ.: Qualifying Exam
☐ B.M. Comp.: Qualifying Exam

Redo ______

Repetoire, Etudes performed:

Comments:

Recommended Action for Performance Review, Qualifying Exam, or Pre-recital hearing

☐ Pass ☐ Fail
☐ Components to be re-examined:

____________________________________
Faculty Signature

____________________________________
Dept. Chair Signature

Drafted 8/09 (jj)