

KEYBOARD DEPARTMENT EXAMINATION FORM

Name _____ Class _____ Teacher _____ Date _____

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> 1st Yr. Performance Review | Pre-recital hearing: | <input type="checkbox"/> Self-Prepared Piece |
| <input type="checkbox"/> 2nd Yr. Qualifying Exam | <input type="checkbox"/> Junior | |
| <input type="checkbox"/> Performance | <input type="checkbox"/> Senior | |
| <input type="checkbox"/> Music Education | <input type="checkbox"/> Non-required | |
| <input type="checkbox"/> Theory/Composition | | |
| <input type="checkbox"/> B.A. Music | | |
| <input type="checkbox"/> Optional Jury | | |

Repertoire performed:

Comments:

Recommended Action

- Pass
 Fail

Faculty Signature