

MUSKINGUM

U N I V E R S I T Y

DEPARTMENT OF MUSIC APPLIED INSTRUMENTAL JURY EXAMINATION FORM

Please fill out **legibly** and submit to departmental administrative assistant at least one week prior to jury date.

Year: _____ Semester: Fall Spring

STUDENT INFORMATION

Name: _____ Instrument: _____

Accompanist: _____ Teacher: _____

Number of Semesters of Lessons: _____ Level: Major Minor Participant

Major: _____ Expected Graduation Year: ____ Fall Spring

STUDENT REFLECTION: Please comment on your instrumental study this semester. What were your goals? Did you achieve them? Did you discover anything new? What are your goals for next semester?

SOLO REPERTOIRE: Indicate jury pieces by checking the box.

Jury	Title	Composer
1. <input type="checkbox"/>	_____	_____
2. <input type="checkbox"/>	_____	_____
3. <input type="checkbox"/>	_____	_____

ETUDES & TECHNICAL/LYRICAL STUDIES: Indicate jury pieces by checking the box, if applicable.

4. _____
5. _____
6. _____

SCALES: Please list all scales that can be performed on this jury.

Major: _____ Minor: _____

JURY COMMENTS AND EVALUATION

Excellent.....*Poor*

Tone Quality	_____
Intonation	_____
Rhythm	_____
Articulation	_____
Musicality	_____
Technique	_____
Ensemble	_____

Suggested Grade (optional):_____

Signature of Juror: _____ **Date:** _____