

MUSKINGUM

U N I V E R S I T Y

DEPARTMENT OF MUSIC APPLIED VOCAL 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 vocal 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"/>	_____	_____
4. <input type="checkbox"/>	_____	_____
5. <input type="checkbox"/>	_____	_____
6. <input type="checkbox"/>	_____	_____
7. <input type="checkbox"/>	_____	_____
8. <input type="checkbox"/>	_____	_____

