APPLICATION FOR PETITION TO MAJOR INSTRUMENTAL PERFORMANCE

Please take this completed application to your audition/interview. A minimum of one faculty reference supporting this application is required. Please ask the faculty member to return the reference to the College Office.

| runic. | Student ID Number: | | | |
|--|------------------------------------|--------------|----------|--|
| Local Address: | | | | |
| Street Address | City | State | Zip Code | |
| Local Phone: | E-mail Address: | | | |
| Permanent Address: | | | | |
| Street Address | City | State | Zip Code | |
| Permanent Phone: | | | | |
| 1. Transfer student Yes No | If yes, previously attended school | : | | |
| 2. Applied emphasis: | | | | |
| (instrument/voice rar | | | | |
| Referring faculty member: | | | | |
| 4. Current advisor: | | | | |
| | | | | |
| | | | | |
| 5. Musicianship grades: | Applied grades: | | | |
| Quarter 1 Instructor | Quarter 1 Instruc | tor | | |
| Quarter 2 Instructor | Quarter 2 Instruc | tor | | |
| Quarter 3 Instructor | Quarter 3 Instruc | tor | | |
| Quarter 4 Instructor | | tor | | |
| Quarter 5 Instructor | Quarter 5 Instruc | tor | | |
| Quarter 6 Instructor | | | | |
| Aural Training grades: | | | | |
| | | niana alassi | | |
| Quarter 1 Instructor | Level completed of | piano ciass: | | |
| | | | | |
| Quarter 2 Instructor | Level of class piano | | | |
| Quarter 2 Instructor Quarter 3 Instructor | Level of class piano | | | |
| Quarter 1 Instructor Quarter 2 Instructor Quarter 3 Instructor Quarter 4 Instructor Quarter 5 Instructor | Level of class piano | | | |

PETITION TO MAJOR PERFORMANCE

| Name: | Year | r in School: | Date: | | |
|--|---------------------|-----------------------|--|--|--|
| | | | | | |
| | | | ing etudes, a minimum of two mpaniment is | | |
| Performance requirements year as outlined in the piano | | | expected level for the sophomore | | |
| | | | re equivalent to the expected level ous for each respective instrument. | | |
| | Repertoire Hist | ory at Collegiate L | evel | | |
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| *Please indicate pieces bein | g performed at your | audition with an aste | risk. | | |
| Recommendation- Petition | Committee | Recommend | Do Not Recommend | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Division Coordinator Signature | | Principal App | Principal Applied Instructor Signature | | |

Petition to Major Recommendation

This completed recommendation should be given to the coordinator of the petitioning student's department.

To be filled out by student:

| Student Name: | |
|--|--|
| ID Number: | |
| Petitioning to Major in: | |
| Name of referring faculty member: | |
| To be filled out by referring faculty member: | |
| How long have you known the applicant? | |
| In what capacity? | |
| Do you recommend this student for their chosen major? YES NO | |
| Comments (Please feel free to attach a separate letter): | |
| | |
| | |
| | |
| | |
| | |
| | |
| Signature: Date: | |