

APPLIED MUSIC RECORD
University of Missouri School of Music

Name _____	Student Number _____	Year in School _____
Instrument _____	(check one) <input type="checkbox"/> Performance <input type="checkbox"/> Music Ed/BA Primary <input type="checkbox"/> Minor <input type="checkbox"/> Music Major Secondary <input type="checkbox"/> Non-Major Elective	
Course Number _____	Credit Hours _____	Semester/year _____
Degree (BM, BA, etc.) _____		Major Area _____

Composer	Compositions; Etudes; Exercises; Scales and Arpeggios	Memorized	Date Played Recital	Prepared Final Exam
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List ALL music studied this semester; indicate exam pieces in the right column

1. Years of pre-college study in this instrument: _____
2. Previous college study in this instrument: _____
3. Number of years since last study: _____
4. Teacher's tentative semester grade: _____ (Optional)
5. Exam Grade Recommendation of Committee: _____

Course number <small>(or name of college if other than MU)</small>	Semesters	Hours

Name	Grade

3. This is the audition for Course number _____
Date Passed _____

4. Comments: (Optional):

7. Teacher's final semester grade _____
8. Signature of Teacher: _____