

UNIVERSITY OF ARKANSAS
DEPARTMENT OF MUSIC
APPLIED MUSIC EXAMINATION REPORT
(Please Print Clearly)

Name: _____ I.D. # _____
(Last) (First) (Middle)

Fayetteville Address: _____ Phone # _____
(House # & Street)

Home Address: _____
(House # & Street) (City) (State) (Zip)

Semester/Year: _____ MUAP Course Name (e.g. voice, violin): _____

Instructor: _____ MUAP Course No. (e.g. 1102, 3103) _____

Fr So Jr Degree: (Check One) BA BM MM
 Sr Gr Special BM Emphasis: Composition Education Performance
Other: _____ Theory Elective Studies in Business

Do you intend to study this instrument next semester? _____ Summer: _____
(Do not write below this line)

Grade	Scale	Members of Jury:	Grade:
A+	12	_____	_____
A	11	_____	_____
A-	10	_____	_____
B+	9	_____	_____
B	8	_____	_____
B-	7	_____	_____
C+	6	_____	_____
C	5	_____	_____
C-	4	_____	_____
D+	3	_____	_____
D	2	_____	_____
D-	1	_____	_____
F	0	_____	_____

STUDENT RECITAL ATTENDANCE (SRA): _____ out of _____ = _____ (Difference)
TEACHER GRADE: _____ VALUE: _____ (X2) = FACTOR _____
JURY GRADE: _____ VALUE: _____ (X1) = FACTOR _____
TCHR/JURY TOT: _____ (÷3) _____ (-SRA Difference) _____
VALUE: _____ FINAL GRADE: _____

Classification for next semester: (check one)
 110V 130V 210V 230V 310V 330V 410V 510V
 1001 2001 3001 4001 5001

Instructor's Signature _____

Faculty Recommendations: _____

Compositions to be performed for jury:

Date begun:

Compositions completed this semester:

Date begun:

Compositions in preparation:

Date begun:

Scales and technical exercises studied this semester: