



UPPER DIVISIONAL EXAM

School of Music

Date: _____

Name: _____ Primary Instrument: _____ Applied Professor: _____

Degree: BM- _____ Advisor: _____ Transcript GPA : _____ Applied GPA: _____ Music GPA : _____

EXAM REPERTOIRE

	<u>Composer (full name)</u>	<u>Title (provide full information for excerpts)</u>	<u>Date of initial study</u>	<u>Memorized (Y/N)</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____



(For Faculty Use only during Exam)

Comments/ Observations:

(Circle One):

Performance: PASS REHEAR
 Essay: PASS REWRITE
 Project: PASS INSUFFICIENT

Faculty Signature: _____ Date: _____

