Minor Practical Study Proposal

Student Name: ______________________  Student Number: ______________________

Major Practical Study and Concentration: _________________________________________
(e.g. Voice, General B.Music)

Proposed Instrument/Voice in Minor Practical Study: _____________________________

Minor Practical Study Teacher’s Name: __________________________________________

Purpose (please include your goal and motivation in this section):
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________________________________    Date: _______________________________
Student’s Signature

________________________________    Date: _______________________________
Teacher’s Signature

Approved by Associate Dean: Yes □  No □  Signature: _______________________ Date: ______
Comments:                                                                                   

Course Number: ___________________  Term: ___________________  CRN: ___________________
Student Advisor: ___________________  Registered: _______________ Date: ___________