

# KEYBOARD DEPARTMENT EXAMINATION FORM

Name \_\_\_\_\_ Class \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> 1st Yr. Performance Review | Pre-recital hearing:                  | <input type="checkbox"/> Self-Prepared Piece |
| <input type="checkbox"/> 2nd Yr. Qualifying Exam    | <input type="checkbox"/> Junior       |  |
| <input type="checkbox"/> Performance                | <input type="checkbox"/> Senior       |  |
| <input type="checkbox"/> Music Education            | <input type="checkbox"/> Non-required |  |
| <input type="checkbox"/> Theory/Composition         |                                       |  |
| <input type="checkbox"/> B.A. Music                 |                                       |  |
| <input type="checkbox"/> Optional Jury              |                                       |  |

Repertoire performed:

Comments:

Recommended Action

- Pass  
 Fail

\_\_\_\_\_  
Faculty Signature