RESET

APPLICATION FOR STUDY TOWARD

BACHELOR OF ARTS DEGREE IN MUSIC
CERTIFICATION IN MUSC EDUCATION

Name _____ Class year _____ Date _____

Student ID # _____ Email Address _____ Phone _____

I wish to pursue a degree in:

☐ Vocal Music Education ☐ Instrumental Music Education

My principal performing medium is: _____

My secondary performing medium is: _____

Before coming to St. Olaf I studied:

Piano _____ Voice _____
number of years number of years

Other Instruments _____
number(s) of years

Signed: _____
student signature

I recommend that the above student as a BA Music Education candidate.

Signed: _____
(Coordinator of the Music Education Program)

Signed: _____
(Performance Studies teacher in principal performing medium)

Signed: _____
(Advisor)

Signed: _____
(Music Department Chair)

After this form has been completed and signed, please return it to the Music Office, CHM 101.

Feb2008