Note: This form is also used for Sophomore Barriers

Semester (check one)

□ Fall □ Spring

Year _____

COASTAL CAROLINA UNIVERSITY

DEPARTMENT OF MUSIC

Jury Cover Sheet

Please print or type clearly

Name			
Email address			
Instrument/Voice		**Phone # (cell)**	
Applied Teacher		**Lesson #**	MUS
Advisor		**Current Level**	

Repertoire Studied This Semester

Title	*Composer*

Scales, Technical Studies, Etudes, Orchestral Excerpts Studied This Semester

Members of Jury:		
Applied Teacher's Final Grade:	*Recommended Level:*	*Jury Panel Recommendation (check one):* □ **Pass** □ **Fail** □ **Incomplete**