Semester Repertory Sheet for my MAJOR instrument or voice:

NAME: __________________________
OSU EMAIL (name.#): __________________________

LOCAL MAILING ADDRESS:
street: __________________________
city: __________________________
state: __________________________
zip code: __________________________

PHONE: __________________________

Circle College of Enrollment: GRD ARTS
Circle Pursued Degree: PHD MA BA BM BME
Circle your Major(s) & Code(s)
Music Education
Music Theory
Musicology
Music Composition
Jazz Stud. - Comp
Music (BA)

Circle each semester of study for each level you have completed on this PRINCIPAL instrument. Include present semester.

Semester: SU AU SP MS
1110._____ 1 2
2201._____ 1 2 3
3401._____ 1 2 3
3403._____ 1 2 3 4 5 6 (BA)
4501._____ 1 2 3
4601._____ 1 2 3 4
7801._____ 1 2 3 4 5 6

(Hours of instruction per week)
(Hours of practice per week)

INSTRUCTOR’S NAME __________________________

WORK STUDIED THIS SEMESTER

<table>
<thead>
<tr>
<th>COMPOSER</th>
<th>TITLE (If taken from a book, give title of book, including volumes such as BK I, BK II, etc., and pages of exercise numbers.)</th>
<th>CHECK IF MEMORIZED</th>
<th>DATE OF PUBLIC PERFORMANCE</th>
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PLEASE FILL OUT THIS FORM COMPLETELY
INSTRUCTOR COMPLETES THIS SIDE AND FORWARDS TO APPROPRIATE OFFICE:
GRADUATE MUSIC STUDENTS TO GRADUATE OFFICE;
UNDERGRADUATE MUSIC STUDENTS TO UNDERGRADUATE OFFICE

CHECK RECITAL(S) GIVEN BY STUDENT THIS SEMESTER:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DATE</th>
<th>GRADE (if any)</th>
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<tr>
<td>Studio or Departmental</td>
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<td>BME Graduation</td>
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<td>BM Jr. Level</td>
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<td>MA</td>
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CHECK APPROPRIATE STATEMENT FOR THIS SEMESTER’S WORK AND RECOMMENDATIONS:

- Studio or department (_____ will be) advised by instructor to DROP this instrument as a principal instrument.
- Stay extra semester
- Normal progress; continue same registration
- Normal advance to next level
- Student has completed requirements
- Student has been granted permission to study beyond requirements

COMMENTS:

THE MIDTERM GRADE (if any) REPORTED TO THE STUDENT WAS_______

THE JURY RECOMMENDS REGISTRATION IN_______ FOR_______ HOURS OF EXTRA CREDIT NEXT SEMESTER.

APPROVAL: INSTRUCTOR_______________________

JURY MEMBERS:

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

INSTRUCTOR’S GRADE ________
JURY GRADE ________
FINAL GRADE ________

TLL12/5/14