Mount Allison
UNIVERSITY
DEPARTMENT OF MUSIC

Applied Music Jury Sheet

To the student: Please complete the top portions of this sheet. Then submit it to the Music Department Secretary, who will make copies of it for the jury members.

Student's name: _____ Course number: _____

Instrument: _____ Date of jury: _____

Teacher:: _____

List all the works you are prepared to perform at this jury.
Mark with an asterisk (*) works you are prepared to perform by memory.

Composer	Title	Movement(s)	Duration

Please list all other works you have studied this year, as well as performances (recitals, Collegia) in which you have participated.

Juror's Comments:

Signature of juror

(revised April 2006)