

REQUEST FOR APPLIED SECONDARY LESSONS*

Student Name _____ ID# _____

Email _____ Phone # _____

Degree Plan _____ Year in School _____

Academic Advisor _____

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Lesson Information

I have an Ensemble Participation Scholarship for non-majors.

Instrument/Voice requested _____ Teacher requested: _____
(if known)

Semester requested: _____ Number of years of previous study: _____

*Which BU performing ensemble will you be participating in? _____

*Ensemble instructor signature _____

Previous Teacher(s): _____

List other music experiences:

Why do you wish to take private lessons (as opposed to taking class lessons)?

*** Please note that the music faculty passed the following applied music policy, effective in Fall 2005:
"Non-music majors wishing to study Applied Music must also be enrolled in a music department
MAJOR ensemble."**

Please return completed form to the School of Music office (LH 229).

Approved Denied Chair _____ Date _____