

REQUEST FOR APPLIED SECONDARY PIANO STUDY

All students – including graduate students – who wish to take secondary piano lessons must fill out this form and take a screening exam with **DJ Smith** in room 264.

Students who have passed the exam will not have to retake it every semester, although a form must be submitted for every semester of study. For continuing students, the current applied teacher will sign the form.

Student Name	ID#
Email	Phone#
Degree Plan	Year in School
Academic Advisor	
Lesson Information	
Semester requested:	Number of years of previous study:
Number of semesters of appli	ed piano study required for degree
Number of semesters of appli	ed study already taken (including class)
FORSTUDENTS REQUEST FIRST TIME:	TING APPLIED SECONDARYPIANO STUDY FOR THE
Have you completed or tested	out of class piano: □ yes □ no
Date of placement exam:	
Signature of Examiner:	
FOR STUDENTS CONTIN	UING APPLIED SECONDARY PIANO STUDY:
Name of current applied piano	o teacher
Current teacher's signature	Date:
Please return con	mpleted form to the School of Music office (LH 229).
□ Approved □ Denied Direct	or Date