

UNIVERSITY OF OREGON SCHOOL OF MUSIC
VOICE JURY FORM

Date: _____ Term: _____ Year: _____	
Name: _____ Voice Instructor: _____	
<input type="checkbox"/> Freshman <input type="checkbox"/> Soph <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Post-Bacc <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral	
Are you a music major? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Music Degree Program:</i> _____	
Current MUP Level: <input type="checkbox"/> 101 <input type="checkbox"/> 274 <input type="checkbox"/> 614 <input type="checkbox"/> 714 <input type="checkbox"/> 140 <input type="checkbox"/> 344 <input type="checkbox"/> 644 <input type="checkbox"/> 744 <input type="checkbox"/> 170 <input type="checkbox"/> 374 <input type="checkbox"/> 674 <input type="checkbox"/> 774 <input type="checkbox"/> 174 <input type="checkbox"/> 474	How many terms have you studied at current level? _____ How many credits are you enrolled in for lessons? _____ Are you requesting a level change? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, to what level?</i> _____
<input type="checkbox"/> Check if this jury is for recital approval. Proposed recital date: _____	
List repertoire prepared for this jury. Include composer. <i>(Please indicate the selection you will perform first with an *asterisk.)</i>	

Faculty Comments:

Faculty Signature: _____ Level change approved: <input type="checkbox"/> Level: _____ <input type="checkbox"/> No Recital Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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