

Student Name: _____

Primary Instrument: _____

Instructor Name: _____

Semester of Off-Campus Study: _____

The School of Music requires a minimum of twelve (12) one-hour documented lessons to be taken during off-campus study to fulfill one (1) credit of applied music.

	Lesson Date	Lesson Length
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

The signatures below indicate acknowledgement by both student and instructor that this form is complete and accurate.

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Student Name: _____ Primary Instrument: _____

Instructor Name: _____ Semester of Study: _____

Graded Evaluation
To be completed by Instructor

Please supply a final graded evaluation for the lessons indicated on page 1.

A = 100-91% - Excellent

B = 90-81% - Good

C = 80-71% - Satisfactory

D = 70-61% - Unsatisfactory

F = 60% or lower - Failing

Final Grade: _____**Additional Comments:**

_____**Instructor Contact Information:****Address:** _____

_____**E-mail:** _____

Please enclose an invoice for requesting payment for lessons or showing that the lessons have been paid by the student.

Please return all forms to:

DePauw School of Music
Academic Coordinator
605 S. College Avenue
Greencastle, Indiana 46135
United States