

APPLIED MUSIC REPERTOIRE SHEET (VOICE)

Please complete this form – make eight copies – bring them to your jury or barrier.

Name:

Voice Teacher:

Voice Course Number:

Semesters of Voice at OU:

Degree Plan:

Date:

Advisor:

College:

At another college/university:

Classification:

VOCAL REPERTOIRE STUDIED THIS SEMESTER:

(Indicate your beginning first choice. Mark memorized repertoire appropriately/jury selections first)

M	COMPOSER	TITLE

WHO IS YOUR PIANIST? (Contact information):

SOLO PERFORMANCES AT OU (solos with choir(s), opera/music theatre roles, solo recitals and other):

SOLO PERFORMANCES OFF-CAMPUS (other than OU sponsored events):

If you are an undergraduate, have you passed the Sophomore Barrier? When?

Jury Grade _____ %

Semester Grade _____ (Letter)