Bachelor of Music in Performance
Composition Concentration

Date:

Name:

Number of semesters or private study at Lower Division___ Upper Division___

List all compositions worked on this semester, and indicate if the piece is completed, in-progress, and if it has been performed or is scheduled for performance.

1. 

2. 

3. 

4. 

5. 

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Jury Comments

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Jury Grade_________ Faculty Signature_________________