

Oklahoma State University Greenwood School of Music

INFORMATION FORM FOR STUDIO LESSONS

Date _____

Instrument / Voice Part _____

PERSONAL INFORMATION

Name: _____

Local Address: _____

Home Address: _____

Email: _____

Phone Number: _____

Alternate Phone: _____

LESSON INFORMATION

Classification: Frosh. Soph. Jr. Sr.

Lesson Type: Major Minor Elective

Credit Hours: _____

Instructor Preference (if any): 1. _____
 2. _____

Day/Time Preference: 1. _____

2. _____

Major: _____

Previous experience related to this course: (Years studied, examples of compositions studied, former teachers, etc.): _____

STUDENT CLASS SCHEDULE

Please fill in your schedule on the grid below.
 Include names of courses.

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30-8:00					
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					
5:00-5:30					
5:30-6:00					
6:00-6:30					
6:30-7:00					
7:00-7:30					
7:30-8:00					