



Minor Practical Study Proposal

Student Name: _____ **Student Number:** _____

Major Practical Study and Concentration: _____

(e.g. Voice, General B.Music)

Proposed Instrument/Voice in Minor Practical Study: _____

Minor Practical Study Teacher's Name: _____

Purpose *(please include your goal and motivation in this section):*

Student's Signature

Date: _____

Teacher's Signature

Date: _____

Approved by Associate Dean: Yes No Signature: _____ Date: _____

Comments: _____

Course Number: _____ **Term:** _____ **CRN:** _____

Student Advisor: _____ **Registered:** _____ **Date:** _____

