

PERMISSION FOR SECONDARY LESSONS

To be completed by the student:

Name _____ Student ID _____ Major _____

Semester _____ Primary Instrument _____ Required for Major: (circle) Yes or No

Type of Lesson Requested _____ (i.e., secondary jazz trumpet)

Have you taken secondary lessons before? _____ If yes, how many semesters? _____

Primary Applied Teacher Approval Signature _____

Secondary Applied Teacher Approval Signature _____ Type: Func or Sec

Please submit to Dean's Office with BOTH signatures. Students must return to the office to obtain the final approval and the course number. Contact Michelle Thompson Williams **48 hours** after submitting this form to the office to receive a course number for enrollment.

FOR OFFICE USE ONLY

Received in the Office (Date and Initials) _____ Approved _____
(Associate Dean)

Class and Course Number MUS _____