

TWU APPLIED MUSIC SCHEDULING FORM

(to be completed each semester)

For lessons on (instrument or voice)

MU (course #)

Semester/Year

Teacher

Your name (printed)

TWU ID#

Current local address

Phone

E-mail address

Classification (click box to select)

Fr.

So.

Jr.

Sr.

Grad

Specific major (music therapy, music education, etc.)

Principal instrument or voice

Years of study

Past teacher (s)

Your Signature _____ Today's date

Please fill out the schedule below, indicating courses to be taken, work schedule (if applicable), and any time preferences for lesson time, to assist your instructor in scheduling a lesson time.

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00 noon					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					