ELDER CONSERVATORIUM OF MUSIC

THE UNIVERSITY of ADELAIDE

EXAM PROGRAM - BACHELOR OF MUSIC

Name: _____ ID: _____

Teacher: _____ Instrument/voice: _____

Accompanist/associate artist/s: _____

Major: □ Classical □ Jazz □ Classical Voice

Year Level: □ 1st year □ 2nd year □ 3rd year

Composer	Work	Duration
	Total duration:	

Student signature: _____ Date: _____

Teacher signature: _____ Date: _____

Head: _____ Date: _____

PLEASE SUBMIT THIS FORM TO YOUR TEACHER

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