



Area Coordinator	( )	_____
Keyboard Faculty	( )	_____
Advisor	( )	_____

**GUSTAVUS ADOLPHUS COLLEGE**  
**DEPARTMENT OF MUSIC**  
 800 West College Avenue  
 St. Peter, Minnesota 56082

## *Statement of Intent to Major in Music*

**This form is to be completed by students enrolled in Music Theory II (MUS 112). Students should secure a Department of Music faculty advisor and return this form to the Department of Music Office as soon as possible.**

PLEASE PRINT OR TYPE

**TO BE COMPLETED BY THE STUDENT**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Year (Circle): FY SO JR SR  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Declared Major Instrument: \_\_\_\_\_ Minor Instrument (Music Education): \_\_\_\_\_

Music Lesson Instructor(s): \_\_\_\_\_

Department of Music Faculty Advisor: \_\_\_\_\_

Are you interested in any of the following specific programs?	YES	NO
A. Music Education <i>Students seeking to enter the Music Education program should speak with their advisor about the Improvisation Component requirement.</i>	<input type="checkbox"/>	<input type="checkbox"/>
B. Church Music Studies	<input type="checkbox"/>	<input type="checkbox"/>
C. Departmental Honors in Performance	<input type="checkbox"/>	<input type="checkbox"/>
D. Departmental Honors in Composition	<input type="checkbox"/>	<input type="checkbox"/>
E. Departmental Honors in History-Literature	<input type="checkbox"/>	<input type="checkbox"/>

**For each semester in residence at Gustavus, please list the applied lessons and ensembles in which you were/are enrolled:**

I.	Lessons: _____	Ensembles: _____
II.	Lessons: _____	Ensembles: _____
III.	Lessons: _____	Ensembles: _____
IV.	Lessons: _____	Ensembles: _____

**WRITTEN DOCUMENT**

**Attach a written statement in which you describe your reasons and goals for pursuing a major in Music. (Keep a copy of this statement for your Music Major Portfolio.)**

**REVERSE SIDE TO BE COMPLETED BY MUSIC FACULTY MEMBERS**

*(continued)*

# *Statement of Intent to Major in Music*

*(continued)*

**TO BE COMPLETED BY AREA PERFORMANCE COORDINATOR**

Please comment with regard to the student's potential, work habits, consistency, achievement, etc.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**TO BE COMPLETED BY KEYBOARD FACULTY DESIGNATE**

Satisfactory **Piano Proficiency Skills** (to date):

OK

NOT OK

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*