



**BM PERFORMANCE  
SOPHOMORE EVALUATION FORM**

STUDENT NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

INSTRUMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_ The student named above successfully passed the Sophomore Evaluation and will be allowed to continue with upper division status towards completion of the degree Bachelor of Music in Performance.

\_\_\_\_\_ The student named above was not approved to continue with the BM in Performance, but is approved for study in music degrees other than BM Performance.

**FACULTY JURY COMMITTEE:**

<b>Printed Name</b>	<b>Signature</b>
_____	_____
_____	_____
_____	_____
_____	_____

Upon conclusion of the Sophomore Evaluation, please return this completed form with all signatures to Dr. Jill Coggiola, 111B Crouse College

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*For Office Use Only:  
One copy to file in 208 Crouse College*