## **Instrumental Jury Form**

| Student Name:    |                        |  | Date:                    |                         |                  |                             |  |
|------------------|------------------------|--|--------------------------|-------------------------|------------------|-----------------------------|--|
| Major:           | Performance            | Music Educ                             | ation                    | Music Therapy           | Libe             | Liberal Arts                |  |
|                  | Pedagogy               | (Other)                                | (Click box to            | to select)              |                  |                             |  |
| Iajor Instrume   | ent:                   |  | Instr                    | uctor:                  |                  |                             |  |
| Year in School:  | Fr '''''''Uo ''        | '''''''''''''''''''''''''''''''''''''' | ''Ur '''''               | Vransfer''''''Rqu       | v'/Dce Gi        | rad                         |  |
| Repertoire:      |                        |  |                          |                         |                  |                             |  |
| Jury Mem         | bers: Please comment   | on any or all of th                    | e following are          | as as well as provide a | any additional o | comments.                   |  |
| Cone<br>Phrasing | Intonation<br>Dynamics |  | Accuracy<br>Articulation |                         | Technic<br>Tempo | Technical facility<br>Tempo |  |
| Comments/Sugg    | gestions:              |  |                          |                         |                  |                             |  |
|                  |                        |  |                          |                         |                  |                             |  |
|                  |                        |  |                          |                         |                  |                             |  |
|                  |                        |  |                          |                         |                  |                             |  |
|                  |                        |  |                          |                         |                  |                             |  |
|                  |                        |  |                          |                         |                  |                             |  |
|                  |                        |  |                          |                         |                  |                             |  |
|                  |                        |  |                          |                         |                  |                             |  |
| Other:           |                        |  |                          |                         |                  |                             |  |
|                  |                        |  |                          |                         |                  |                             |  |
|                  |                        |  |                          |                         |                  |                             |  |
|                  |                        |  | Scales                   |                         |                  |                             |  |
| Iajor:           |                        |  |                          |                         |                  | Chromatic:                  |  |
| linor: (n/h/ı    | m) (n/h/m)             | (n/h/m)                                | (n/h/m)                  | (n/h/m)                 | (n/h/m)          | (n/h/m)                     |  |
| Comments/Sugg    | gestions:              |  |                          |                         |                  |                             |  |
|                  |                        |  |                          |                         |                  |                             |  |
| High Pass        |                        | Pass                                   |                          | Low Pass                |                  | Fail                        |  |
|                  | Level: (1-5)           | · ·                                    |                          |                         |                  |                             |  |