

DEPARTMENT OF MUSIC

25800 Carlos Bee Blvd.

Hayward CA 94542

Phone: (510) 885-3167

E-mail: mrc@csueastbay.edu

Performer Name	Net ID	Instrument or Voice Type
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applied Instructor Name	Current Level	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Progress Jury <input type="checkbox"/> Advancement Jury

		PASS	FAIL
Juror #1 Signature:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juror #2 Signature:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juror #3 Signature:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juror #4 Signature:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juror #5 Signature:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juror #6 Signature:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

JURY DATE / TIME: _____