The MSMTA Gail F. McDonald High School Piano Examination for Recognition/Credit

DEBORAH WHITE-BONDHUS, 10637 Green Mountain Circle, Columbia MD 21044-2336

STUDENT DATA PERTINENT TO THE AWARDING OF
ELECTIVE CREDIT FOR PRIVATE PIANO STUDY

Student's Name _____ **School** _____

Student's Address _____ **Address of School** _____ **Zip** _____

Private Piano Teacher _____ **Principal's Name** _____

Teacher Address _____ **Phone Number of School** _____

Teacher's Phone Number_____ **Student's H.S. Grade**_____

Number of private lessons during the school year 20____ 20_____ _____# of lessons

Number of class lessons_____: Repertoire classes_____

Repertoire Level: _____Int. I _____Int. II _____Adv. I _____Adv.II
(check one)

Festivals, Theory, Keyboard programs, Competitions, etc., in which student participated:

List any awards received:

List Repertoire for year (Please * memorized pieces):

Technique:

Baroque:

Classical:

Impressionistic:

Contemporary:

Piano Teacher's Grade for the year_____ Comments:

Signature of Teacher_____

----------To be filled out by MSMTA Chairman or Registrar----------

Grade student received on the High School Piano Examination_____
Final Grade: _____ (Average of H.S. Exam judges' and teacher's grade for the year)

SIGNATURE OF MSMTA COORDINATOR OR REGISTRAR
MSMTA HIGH SCHOOL CREDIT FOR PRIVATE PIANO STUDY

SIGN_____DATE_____