APPLIED MUSIC REPERTOIRE SHEET (VOICE)

Name_____ Date_____

Voice Teacher_____ Advisor_____

Voice Course Number_____ College_____

Semesters of Voice at OU_____ at another college/university_____

Degree_____ Class_____

SONG LITERATURE STUDIED THIS SEMESTER:
(Mark memorized songs appropriately / jury selections first)

M	COMPOSER	TITLE

SOLO PERFORMANCES AT OU (solos with choir(s), opera / music theater roles, solo recitals, etc.):

SOLO PERFORMANCES OFF-CAMPUS:

Have you passed the voice Upper – Divisional jury?_____ When?_____

Jury Grade_____

Semester Grade_____