

SCHULICH SCHOOL OF MUSIC

M.MUS. GRADUATE PERFORMANCE COLLOQUIUM PARTICIPATION FORM MUGS 605

To Be Filled in By Student:

NAME OF STUDENT: _____

DATE OF WORKSHOP/LECTURE: _____

LOCATION: _____

TITLE OF WORKSHOP/LECTURE: _____

To the Workshop Leader or Lecture Speaker: This student is in the Master of Music Performance program. Your signature on the bottom of this sheet will confirm that the student attended and participated in your event. Thank you for your collaboration.

Name: _____ (Please print)

Signature: _____

Date: _____

Return this form to the Graduate Studies Office, Schulich School of Music, within 10 days of the workshop.