Student Name: ________________________________________________

Primary Instrument: __________________________________________

Instructor Name: _____________________________________________

Semester of Off-Campus Study: _________________________________

The School of Music requires a minimum of twelve (12) one-hour documented lessons to be taken during off-campus study to fulfill one (1) credit of applied music.

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<th>Lesson Date</th>
<th>Lesson Length</th>
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</table>

The signatures below indicate acknowledgement by both student and instructor that this form is complete and accurate.

Student Signature: ________________________________ Date: ____________

Instructor Signature: ________________________________ Date: ____________
Payment Information

In order to comply with tax regulations and accounting procedures, we must receive the following information before issuing payment.

Instructor Name: ________________________________
(Please print your full name)

What is your tax status with regard to the United States?
__ US citizen
If you are US citizen, what is your Social Security Number? _______________

__ US Resident Alien
If you are US Resident Alien, what is your Social Security Number? _______________

__ Foreign National
If you are a foreign national, of which country are you a citizen? _______________

Where do you want the payment sent?
__ to a US address (for US addresses, a check in US dollars will be issued to you directly)

__________________________________________
(Street Address)

__________________________________________
(Street Address)

__________________________________________
(City, State, Zip)

__ to a non-US address (for non-US addresses, we will issue a wire transfer in the local currency)

__________________________________________
(Full name on account)

__________________________________________
(Bank Name)

__________________________________________
(Bank street address)

__________________________________________
(City, State, Zip)

__________________________________________
(Sort Code) (Account #) (IBN #)

__________________________________________
Signature Date
Student Name: ___________________________ Primary Instrument: ______________________
Instructor Name: _________________________ Semester of Study: ______________________

## Graded Evaluation
*To be completed by Instructor*

Please supply a final graded evaluation for the lessons indicated on page 1.

- **A** = 100-91% - Excellent
- **B** = 90-81% - Good
- **C** = 80-71% - Satisfactory
- **D** = 70-61% - Unsatisfactory
- **F** = 60% or lower – Failing

**Final Grade:** ________

**Additional Comments:**
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**Instructor Contact Information:**

**Address:**
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**E-mail:**
____________________________________________________________________

Please enclose an invoice for requesting payment for lessons or showing that the lessons have been paid by the student.

Please return all forms to:
DePauw School of Music
Academic Coordinator
605 S. College Avenue
Greencastle, Indiana 46135
United States

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