School of Music
Student Concern Form

Student Name:_______________________  Student ID:_______________________
Course Number: _____________________  Course Name:_____________________
Date: ______________________________  Instructor Name:___________________

The following professional and/or academic concern(s) has/have been expressed about the above named music major. Please identify specific behaviors as set forth in the School of Music Professional Expectations document.

Instructor Signature:_______________________________________________________

Academic Advisor: _______________________________________________________

Director, School of Music __________________________________________________

Student Signature: _________________

Student signature indicates Concern Form has been seen; the student has a right to append a response.

A copy of this form is given to the MSU student. The original form will be kept by the Director of the School of Music until the student's graduation. Continued failure to meet the expectations (3 concern forms are received) will result in the student being placed on a Professional Improvement Plan.

Revised 3/7/11