

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.