

Date Received _____

**Master of Music Education
Applied Music Proficiency Demonstration
Option C (Approved Alternative)**

Name _____ KUID _____

Address _____
 Number Street City State Zip

Phone: (_____) _____ Email: _____
 Area Code Number

Proposed Alternative

Rationale

Signatures

Student _____ Date _____

Advisor _____ Date _____

MEMT Faculty Rep. _____ Date _____

cc: student
 student file