

Artist Diploma Committee Request

The Artist Diploma Committee consists of three members. The chair of your committee is your private instructor; the second is another member of the faculty in your department; the third is a faculty member from a different performance department.

The committee must be established before your first recital is scheduled.

Student Name: _____

Student ID Number: _____

Instrument: _____

IU Email Address: _____

Phone number: _____

Proposed Committee

Chair (your instructor): _____

Faculty member from your department: _____

Faculty member from another department: _____

By signing below, I confirm that I have spoken to all committee members involved and that they have all agreed to serve on my committee.

Signature of Student: _____

Date: _____

Submit this form to the Music Graduate Office (musgrad@indiana.edu or East Studio Building 120)

Approval

Signature of Director of Graduate Studies

Date

Office Use Only

☐ Database

☐ Milestone

☐ Email

Date: _____