

College of Charleston
School of the Arts ~ Department of Music

DECLARATION OF MUSIC MAJOR

Full Name: _____ SID Number: _____

Permanent Address: _____

City State Zip

College Address: _____

City State Zip

Local Phone Number: _____

Anticipated Date of Graduation: _____

Are of concentration for Music Major: (Circle one)

Music Performance specify area: _____

Music History

Music Theory/Composition

Major Advisor: _____

(Assigned by the Department Chair)

Permission to declare Music Major must be obtained by signature from the following list:

Voice	McBroom	Violin	Siow
Piano	Graf	Other instruments	Kremer
Classical Guitar	Regnier	Jazz	Lewis
Organ	Gudger	Theory/composition	Maves
Recorder	Rosenberg	Music History	Gudger

Student Signature

Faculty Signature

Date of Declaration

Departmental Signature