

Office use only

Crs. # _____, Sect. _____, Perm. # _____

SONOMA STATE UNIVERSITY
DEPARTMENT OF MUSIC

PRIVATE INSTRUCTION REGISTRATION CARD

Current Date: _____

PRINT CLEARLY

Last Name	First Name	MUS _____ Section _____
Student ID No.	Email (that you check)	Concentration:
Instrument:	Private Instructor:	

Student's Signature

Instructor's Signature

(Only if Private Instructor is not available for signature)
Department Chair's Approval