



COLLEGE of FINE ARTS

School of Music

Sophomore Barrier Examination Form

Date of Barrier _____

Student's Name _____ TCU ID _____
Last First Middle

First semester enrolled at TCU _____ Expected Graduation _____
Semester Year Semester Year

Instrument or voice type _____ Major code _____

Applied Professor's Name _____

Course #: MUSP _____ Section _____ Applied Lesson Credit Hours _____

DO NOT COMPLETE BELOW THIS LINE - OFFICE USE ONLY

- Checkboxes for student success or conditional admission with specific conditions section.

- Checkboxes for student failure to complete barrier or discontinuation as a music major.

Applied Professor signature

Division Chair signature

Assistant Director signature

Cc: Student/Advisor/Student file