



2007-2008

MMTA Sightplaying Exam Registration Form (Level I - VI)

See Handbook pg. 31 or www.mnmusicteachers.com for instructions and fees. Photocopy as needed.

Site:	Date:
Level:	Fee:

Student's Name: _____

Scheduling Request: AM PM

Other Exam (same day): _____

Carpool Names & Levels: _____

Teacher's Name: _____

Address: _____

Time available on exam day: AM PM All Day

Phone: (____) _____ Email: _____

Teacher: Save score sheet and attach to the Comprehensive Piano Exam Registration Form in order to receive credit when the comprehensive exam is taken.	For Desk Use	
	Student Number: _____	
	Drills Score: _____	Pieces Score: _____
Total Score: _____		Transfer Score: _____

Sightplaying Exam Admission Form

Teacher: Please Complete

For Site Administrator

Student's Name: _____	Student No.: _____
Teacher's Name: _____	Room No.: _____
Level: _____	Time: _____
Date: _____	
Test Site: _____	

Student: Present this form at the Registration Desk 15 minutes before your exam time.

Sightplaying Exam



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