Music Department SIP Proposal Form

Name: ___________________________________ SIP Advisor: __________________________________

SIP Category:
□ Recital-Based Performance SIP
- I have studied at least four quarters at K in the appropriate discipline (please initial) ______
- One Unit or Two? ______
- In which quarter will the final performance take place? ______
- I will enroll for double lessons during the duration of my SIP (please initial) ______
- I have read and understand all additional requirements and deadlines listed in this document, including securing collaborators, a pre-hearing faculty panel, and space (please initial) ______

□ Original Composition-Based Performance SIP (including recorded albums)
- I have studied at least four quarters at K in the appropriate discipline (please initial) ______
- One Unit or Two? ______
- In which quarter will the final performance/presentation take place? ______
- Does this project involve a performance by a major ensemble? ______
  (If so, please attach a letter of support from the ensemble director)
- I will enroll for double lessons during the duration of my SIP (please initial) ______
- I have read and understand all additional requirements and deadlines listed in this document, including securing collaborators, a pre-hearing faculty panel, and space (please initial) ______

□ Research-Based SIP
- One Unit or Two? ______
- In which quarter(s) will you register your SIP? ______

□ Other SIP
- One Unit or Two? ______
- In which quarter(s) will you register your SIP? ______
- Submit attached documentation (or explain how you will demonstrate) the requisite skill needed to pursue this project

Title of SIP: __________________________________________________________________________

Brief Synopsis of SIP (e.g. proposed repertoire, style/medium of original composition, area of research, etc.):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Student Signature:_________________________ Date:________________________

SIP Advisor Signature:_________________________ Date:________________________