

Department of Music

iCAP Principal, Ensemble, and Performance Form

WKU ID: _____ Date: _____

Name: _____
Last First MI

Major Reference Number: _____ Concentration: _____

Directions: Fill in the appropriate courses to fulfill principal, ensemble, and passed performance courses for the student.

Principal Courses for Major

Sub-Requirement #: _____ Total Hours Added: _____

Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____

Ensemble Courses for Major

Sub-Requirement #: _____ Total Hours Added: _____

Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____

Performance Attendance

Sub-Requirement #: _____ Total Hours Added: _____

Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____
Course #: _____	Title: _____	Hours: _____	Semester: _____

Required Signatures

Advisor's Signature _____ Date _____

Department Head's Signature _____ Date _____

Submit form to the Office of the Registrar; Degree Certification; Potter Hall 239.