

Slippery Rock University

Music Department

Music Major for a Day: March 2nd, 2021

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____

Email Address: _____

Instrument: _____ Possible Major: _____

(Music Education, Music Performance, Music Therapy, Bachelor of Arts in Music)

High School: _____

High School Director(s): _____

Year of HS Graduation: _____ Date of Birth: _____

Register Online at www.sru.edu/mmfad

-OR-

To Register by US Mail, Send To:

MMFAD

Dr. Kathleen Melago/Matt Rees

220 Swope Music Hall

Slippery Rock, PA 16057