

FORM D

UNISA PRACTICAL MUSIC EXAMINATIONS

APPLICATION FOR APPROVAL OF CHOIR/ENSEMBLE/JAZZ ENSEMBLE REPERTOIRE

PARTICULARS OF TEACHER			
Surname and Initials			
Unisa Music Registration No.			
Postal address			
		Postal code	
Tel/Cell/Mobile no			
Email			
PARTICULARS OF CHOIR/ENSEMBLE/JAZZ ENSEMBLE			
Name			
Examination session and year			
Category		Grade*	
WORKS TO BE PRESENTED			
List A	Composer:	Title:	Duration:
List B	Composer:	Title:	Duration:
List C	Composer:	Title:	Duration:

SIGNATURE		DATE	
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* Elementary/Intermediate/Advanced

Please email copies of all works plus this application form to

adamssa@unisa.ac.za or ndalaat@unisa.ac.za

or mail to

Mr Sean Adams, Directorate Music, OR Tambo Administration Building, Room 5-35, Preller Street, Unisa Main Campus, Muckleneuk Ridge, Pretoria 0003

Enquiries: 012 429 2615/2913