

II. Application for Assessment

APPLICATION FOR ASSESSMENT

1. Name of Student: Darita Seth

Student ID Number: 1578561

Home Address: 1313 Promontory Terrace, San Ramon, CA 94583

Telephone Number: 614-353-3701 E-Mail: DSeth@Capital.edu

Name of Advisor: Dr. Lynda Hasseler

Program of Enrollment: Bachelor of Music – Vocal Performance

2. Title of Course: Music Industry Internship

Academic Department: Conservatory of Music

Course Number: MUS495 Year of Course: 2020

Sponsor of Instruction: _____


Credit Hours: 6-12 Semester Quarter

3. Is this an initial application or resubmission? _____

- Requesting Credit
- Requesting Waiver
- Requesting Both Credit and Waiver

Number of Semester Hours Requesting: 8

4. Materials providing information: Online Portfolio

Student Signature:  Date: 9/14/2020

Advisor Signature: _____ Date: _____