

# DOCTOR OF MUSICAL ARTS REPORT OF CHORAL CONDUCTING IPA EXAM

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**GERMAN**

PASS \_\_\_\_\_

FAIL \_\_\_\_\_

PASS with conditions (describe below)

RETAKE DATE \_\_\_\_\_

RESULT \_\_\_\_\_

**FRENCH**

PASS \_\_\_\_\_

FAIL \_\_\_\_\_

Pass with conditions (describe below)

RETAKE DATE \_\_\_\_\_

RESULT \_\_\_\_\_

**LATIN**

PASS \_\_\_\_\_

FAIL \_\_\_\_\_

PASS with conditions (describe below)

RETAKE DATE \_\_\_\_\_

RESULT \_\_\_\_\_

Advisor Signature \_\_\_\_\_

This form should be submitted to Dr. Charlette Moe (charlette.moe@ndsu.edu.)  
Please send a copy of this form to Jacoba Iverson (jacoba.iverson@ndsu.edu.)