

SOLO COMPETITOR APPEAL FORM

ASPD MEMBER INFORMATION

NAME:

PHONE NUMBER:

EMAIL ADDRESS:

ASPD MEMBERSHIP #:

INSTRUMENT:

YEARS PLAYING:

INSTRUMENT.

CURRENT GRADE: REQUESTED GRADE:

GIVE A BRIEF PARAGRAPH ON WHY YOU FEEL YOU'RE READY FOR A PROMOTION:

LINK TO VIDEO SUBMISSION:

LETTER OF RECOMMENDATION

PLEASE ATTACH LETTER OF RECOMMEDATION FROM INSTRUCTOR OR ASPD MUSIC & GRADING COMMITTEE MEMBER

INSTRUCTOR NAME:

PHONE NUMBER:

EMAIL ADDRESS:

YEARS TEACHING THIS ASPD MEMBER:

OTHER COMMENTS:

*INTERNAL ONLY: PROMOTION GRANTED (Y/N):

DATE:

PLEASE SEND COMPLETED APPEAL FORM (INCLUDING LINKS AND ATTACHMENTS) TO: YOURASPD@GMAIL.COM