



Music Teachers' Association of California®
CERTIFICATE OF MERIT®
MAKEUP (MUP) EVALUATION APPLICATION FORM

2015-2016 Instructions for Teacher: Makeup (MUP) Performance Evaluations are for high school students only and must be applied after your Branch CM Evaluation and before April 15. Please complete this application form and submit it to your CM Branch Chair. Your CM Branch Chair must receive this completed form and a fee of \$70 per student by April 15. If you have more than one MUP student, write the total amount on one check. Complete a separate application form for each student as needed.

Student Name: _____ Username: _____ Student ID: _____

CM Level: _____ High School Grade: _____ Instrument: _____

Teacher Name: _____ Branch: _____

Teacher Phone: _____ Teacher Email: _____

Reason for MUP: _____

Teacher Signature


Date

The following portion of this application form is to be completed by CM Branch Chair only.

Instructions for CM Branch Chair:

1. Contact an Evaluator who was scheduled to evaluate at your Branch this year for the MUP.
2. Complete the following portion of this application form.
3. Mail this completed application form along with a Branch check of \$50 per student to the MTAC State Office (833 Market Street, Suite 900, San Francisco, CA 94103) by April 25. If postmarked after April 25, add a 10% late fee or \$5.00 per student. (Branch retains \$20 for expenses.)
4. Keep a copy of this completed application form for your records.
5. **IMPORTANT:** All MUP applications and evaluator payment must be approved by the MTAC State Office. Do not schedule the MUP evaluation until after you receive approval and the special MUP Payment Invoice from the MTAC State Office. Note: MUP Evaluators will not be paid until MUP has been approved.
6. Upon approval, refer to Branch Chair Guidelines to schedule and conduct MUP Evaluation.
7. Enter the MUP results online on or before June 1. (Database closes on June 1)
8. Mail the MUP Evaluator Schedule to the Assistant CM State Chair.

Branch Chair Name: _____ Email: _____

Name of MUP Evaluator: _____  Do not leave this blank. Do not write "TBA."
It will delay the MUP approval process.

Branch Chair Signature

Date

MTAC State Office Use Only

Date Received: _____ MUP Record# _____

☐ Approved / MUP Invoice Mailed ☐ Declined