

Berklee
college of
music

Student Activities Contact Form

PROGRAMMING COMMITTEE

HEALTH AND WELLNESS

QUESTIONS/COMMENTS

**IF YOU'RE A CURRENT
BERKLEE STUDENT, WHAT
YEAR ARE YOU?**

I'm interested in more information about:

CLUBS AND ORGANIZATIONS

**STUDENT GOVERNMENT
ASSOCIATION**

**THE GROOVE STUDENT
NEWSPAPER**

CAF SHOWS

FIRST NAME

LAST NAME

EMAIL ADDRESS

**IF YOU'RE A PROSPECTIVE
STUDENT, WHAT SEMESTER
AND YEAR DO YOU PLAN ON
ATTENDING BERKLEE?**

Semester, Year

For more information about student activities at Berklee, complete the form below. A member of the Office of Student Activities staff will respond to your message.

Submit

Cancel

