Recital Hearing Form

Date: ________________________________

Student Name: ________________________________

Faculty sponsor: ________________________________

This recital is (select one):   
   □ Required SR (MUSR 299)  
   □ Required JR (MUSR 295)  
   □ Elective

Semester of recital (Spring/Fall): ________________ Year ______________

Major (select one):   
   □ Performance  
   □ Musical Arts  
   □ MA5

Instrument: ________________________________

Proposed date for recital: ________________________________

List repertoire approved for this recital performance:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

COMMITTEE APPROVAL:

The above student:   
   □ Passed the hearing  
   □ Did not pass the hearing; please indicate date of new hearing: ________________

The recital date shown above is: (check one):
   □ Correct  
   □ Changed to new date: ________________

Committee Signatures: __________________________________________
____________________________________________________________________
____________________________________________________________________

Please return to the Blair Registrar