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 Blair Academic Services