Recital Hearing Form

Date: ________________________________

Student Name: ____________________________________________

Faculty sponsor: ____________________________________________

This recital is (select one):   
□ Required SR (MUSO 4970)
□ Required JR (MUSO 3970)
□ 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 Tom Langmesser’s mailbox in the Main Office