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:

- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________

The student _____ has been approved / _____ has not been approved [select one] to present the recital.

The recital date shown above is: (check one):  
- _____ Correct 
- _____ Changed to: ______________________________

Committee Signatures: ______________________________

Please return to the Blair Registrar