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 Rachel Hobb’s mailbox in the Main Office*