

PRE-RECITAL HEARING AND RECITAL

Faculty Approval Form

Name: _____ Recital date: _____

Degree program: B.M.E. _____ B.M. _____ B.A. _____

Recital is required: Yes _____ No _____ Half-Recital _____ Full Recital _____

APPROVAL OF PRE-RECITAL HEARING:

Date: _____

_____ Satisfactory _____ Unsatisfactory Name: _____

_____ Satisfactory _____ Unsatisfactory Name: _____

_____ Satisfactory _____ Unsatisfactory Name: _____

CONDITIONS REQUIRING CHANGE BEFORE RECITAL:

APPROVAL OF RECITAL PERFORMANCE:

Date: _____

_____ Satisfactory _____ Unsatisfactory Name: _____

_____ Satisfactory _____ Unsatisfactory Name: _____

_____ Satisfactory _____ Unsatisfactory Name: _____

COMMENTS: