

STUDENT RECITAL HEARING APPROVAL

The Hearing Committee should contain at least 3 teachers of applied music.

Student Name (please print clearly): _____

Major: _____

Type of Recital (check one): Senior Junior Non-required

Recital Hearing Date: _____

Proposed Recital Date: _____

Status (check one): PASS FAIL

Signed: _____ **Date:** _____
(Hearing Chairperson)

Instructions:

1. Send original to Jennifer Goodwin (Buck 121).
2. Applied teacher retains 1 copy.
3. Notify Applied Chair & Steve Perdicaris if student does not pass.