



School of Music: **PRE-RECITAL HEARING**  
(student prints 3 copies)

**Student:** \_\_\_\_\_ **Recital/Degree:** \_\_\_\_\_

**Hearing Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Recital Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Venue:** \_\_\_\_\_

Committee Members – Initials indicate availability/willingness to serve on committee.

\_\_\_\_\_ Major Applied Professor: \_\_\_\_\_

\_\_\_\_\_ Conducting Professor: \_\_\_\_\_

\_\_\_\_\_ Other Music Professor: \_\_\_\_\_

Faculty Comments:

Signed: \_\_\_\_\_

\_\_\_\_\_ **PASS**

\_\_\_\_\_ **REHEAR**

\_\_\_\_\_ **DO NOT PASS**