

Marshall University School of Music
Recital Hearing

Student Name: _____ Attempt No.: _____

Date of Hearing: _____ Proposed Date of Recital: _____

Jr. BFA Sr. BFA Sr. BA MA

____ Pass ____ Not Passed ____ Pass with Contingency (include comments)

Comments: _____

Committee:

(signature) (date)

(signature) (date)

(signature) (date)

(signature) (date)