

Calvin Music Department Recital Hearing

Final Approval of Recital Program

(bring three copies to the Recital Hearing)

Name: _____ Instrument: _____

Accompanist (if applicable): _____

Does this recital fulfill degree requirements? Yes: _____ No: _____

Recital date: _____

List your program, giving the approximate timing of each piece:

Comments (*Recital Hearing*):

Recital Approved: Yes: _____ No: _____ _____
Faculty Signature

Comments (*Recital*):

Recital Grade: _____ _____
Faculty Signature

APPLIED TEACHERS PLEASE NOTE: After the Recital Hearing, turn in this completed form to the Music Department Office to be placed in the student's file.