

## Voice Recital Hearing Grade

Complete this form to the dotted line. Attach a copy of your proposed program, make 3 copies and bring them to your Recital Hearing. Typed program must include title, composer and approximate timing for each selection.

Name \_\_\_\_\_

Check one:

Junior Performance Recital

Senior Music Education Recital

Senior Performance Recital

Graduate Recital

Recital Date: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

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To be completed by Faculty:

Hearing Evaluation

Pass

Rehear the following selections: \_\_\_\_\_

\_\_\_\_\_

Retake the entire hearing

Fail

1. Faculty Member \_\_\_\_\_ Grade \_\_\_\_\_

2. Faculty Member \_\_\_\_\_ Grade \_\_\_\_\_

3. Faculty Member \_\_\_\_\_ Grade \_\_\_\_\_