NAME: ________________________________, CU ID# ____________________ is approved to present a:

_____ Junior Recital (MUSIC 3990)

_____ Senior Recital (MUSIC 4990)

The faculty signatures below attest that a recital hearing was presented and approved on _________________. A faculty quorum from the student’s major lesson area must be present at this hearing.

☐ Recital program which was approved is attached.
   (meeting guidelines of recital requirements)

Projected date of recital is ________________________.
   (Should be one calendar month from the recital hearing)

____________________________________Faculty Member

____________________________________Faculty Member

____________________________________Faculty Member

____________________________________Faculty Member

DEPARTMENT CHAIR APPROVAL: ____________________________ DATE: ________________

☐ ENROLLED IN APPROPRIATE COURSE WORK FOR JUNIOR/SENIOR RECITAL.

☐ APPROPRIATE FACILTY REQUEST COMPLETED.

Revised 12.3.2012