



# DEPARTMENT OF MUSIC

## Degree Recital Evaluation Form

<b>NAME</b>		<b>VOICE TYPE</b>	
<b>CURRENT MUSIC CLASSIFICATION</b>	<input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate	<b>PROFESSOR</b>	
<b>DEGREE SOUGHT</b>	<input type="checkbox"/> B.M. Music Ed <input type="checkbox"/> B.M. Perf <input type="checkbox"/> M.M. Music Ed <input type="checkbox"/> M.M. Music Performance		
<b>RECITAL DATE</b>		<b>RECITAL TIME</b>	
		<b>HEARING DATE</b>	

Repertoire Performed:			
Title	Composer	Title	Composer

--- EVALUATOR'S USE ONLY ---		
CRITERIA	CIRCLE ONE...	COMMENTS
<b>Performance Technique</b>	Exceeds expectations Meets expectations Below expectations Unsatisfactory	
<b>Musicianship Interpretation</b>	Exceeds expectations Meets expectations Below expectations Unsatisfactory	
<b>Professionalism Presence</b>	Exceeds expectations Meets expectations Below expectations Unsatisfactory	

**Summary or Additional Comments**

<b>Hearing Result</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Recital Grade</b>		<b>Evaluator's Signature</b>	
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