

## 6 H Q L R U 3 U R M H F SMH JUH R W FX D G F5 H F L W D C 3X E OW IF V3H QANDYD NOW IF ORMQ

Select one:	☐/HFWR&cittalH		☐ 3 X E C	OLF 3UHVHG	) W D W L R Q
Name:					
Student ID:		E-mail:			<u> </u>
	<u>:</u>				
Recital Date:		Hearing Da	te <u>:</u>		<u> </u>
Committee Mem	per Names (please see	the Music H	landbook for	committee require	ements):
1)					
3)					
Hearing Results					
Signature CM 1	:		☐ Pass*	☐ Re-evaluate	☐ Fail
Signature CM 2	:		☐ Pass*	☐ Re-evaluate	☐ Fail
Signature CM 3	:		☐ Pass*	Re-evaluate	☐ Fail
* To pass a student	must have an overall score of 80	)			
Notes:					

Pre-hearing hould be completed ur weeks prior to the schedule plerformance.

You must complete abortions of the application and have signatures all members f your GradingCommittee inorder toperform your O H Fred italure U J L Y H \ R X J S U H V H C

Failure toproperly registeror your V H Q L R Uby Shlet Echlot of the Ech the rescheduling orbursenior SUR MasubsAduent semester and may delay graduation.

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This form need to be returned to the Music Office notater than one week following the recital hearing.

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.) please contact Dr. Benjamin Schoeningsic@ung.edv7068674466.