

RECITAL HEARING VERIFICATION FORM

School of Music
Texas Tech University

Name of Student

I.D. Number

Result

Pass _____ Fail _____

Attempt

First _____ (date) _____ Second _____ (date) _____

Other# _____ (date) _____

Classification

Junior _____

Senior _____

Masters I _____ II _____

Doctoral I _____ II _____ III _____ IV _____

Type

Performance _____ Medium _____

Conducting _____ Medium _____

Composition _____ Medium _____

MUTC _____ Medium _____

Other _____ Medium _____

Comments:

Signatures of Examining Committee:

Grade: (if applicable)

Major Professor

Original-Student File

Copy-Recital Hearing Statistics File

Average Grade

(date)