

APPROVAL FORM

Hearing Date _____ Recital Date _____

Name _____ Teacher _____

Box # _____ Phone # _____

Accompanist _____

Other musicians/narrators/speakers to be listed on the front cover: _____

Reception following: Yes No

Degree Completed: Bachelor of Science Bachelor of Arts

Recital time: Sunday @ 3:00 pm Thursday @ 7:00 pm

Category: Voice Piano Instrumental/Rhythm _____

Major: Music Performance Music Contemporary Christian Music

WA Music Pastor WA Worship Leading

Hearing Committee _____ approve disapprove

_____ approve disapprove

_____ approve disapprove

_____ approve disapprove

Provisions: _____

Evaluation

Performance

Comments

Technique 1 2 3 4 5

Communication 1 2 3 4 5

Program Notes 1 2 3 4 5

Program Content 1 2 3 4 5

Translations Yes No