



DEPARTMENT OF MUSIC

Degree Recital Evaluation Form

NAME		INSTRUMENT	
CURRENT MUSIC CLASSIFICATION	Jr Sr Gr	PROFESSOR	
DEGREE SOUGHT	<input type="checkbox"/> B.S. w/ Certification <input type="checkbox"/> B.M. w/ Perf. Emph. <input type="checkbox"/> M.M. Music Education <input type="checkbox"/> M.M. Music Performance		
RECITAL DATE		RECITAL TIME	
		HEARING DATE	

Repertoire Performed:			
Title	Composer	Title	Composer

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

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