



STUDENT RECITAL JURY FORM

Student Name _____ **E-mail Address** _____

Local Address _____ **Phone** _____

Instrument/Voice _____ **Faculty Advisor** _____

Degree _____ **Jury Date** _____

Semester and Year of Graduation _____

Requested Recital Date/Time _____

Please be sure to have a program draft for each member of your recital jury committee.

Jury Date: _____ **Jury Passed:** Yes No

Jury Committee:

*Return completed form to John Jacobson in the Music Office 162.
Director of Music Events
jacob3ja@cmich.edu
989-774-373*