

STUDENT RECITAL JURY FORM

Name

Faculty Name

Email

Phone

Recital Date & Time

Degree

Instrument/Voice

Semester & Year of Graduation (ex. Spring 2020)

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

The following section is to be completed by your professor.

Jury Date: _____

Jury Passed: Yes No

Upon completion, this recital satisfies the following graduation requirement:

- | | |
|--|---|
| <input type="checkbox"/> Recital for MM | <input type="checkbox"/> Solo Performance for BME/BA/BS |
| <input type="checkbox"/> Junior Recital for BM | <input type="checkbox"/> Elective |
| <input type="checkbox"/> Senior Recital for BM | |

Jury Committee:

Return completed form to Kristin Pagels in the Music Office
pagel1kp@cmich.edu