



## STUDENT RECITAL JURY FORM

Name

Email

Local Address

Phone

Instrument/Voice

Faculty Advisor

Degree

Recital 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**

Jury Date: \_\_\_\_\_

Jury Passed:

Yes

No

Jury Committee:

Return completed form to Kristin Pagels in the Music Office  
[pagel1kp@cmich.edu](mailto:pagel1kp@cmich.edu)