

OAKLAND UNIVERSITY
SCHOOL OF MUSIC, THEATRE AND DANCE
Degree Recital Form

Name _____ Instrument / Voice _____

OU Grizzly # _____ OU Email _____

Degree or Major _____ Instructor _____

Recital Date & Time _____ Dress Rehearsal Date & Time _____

RESULTS OF THE RECITAL JURY (must be completed 4 weeks prior to degree recital): Approved Not Approved

Recital Committee Faculty Member Signatures:

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

PROGRAM: (due to the SMTD office 2 weeks prior to degree recital for publication)

- *Attach copy of program*

PERFORMANCE GRADE & COMMENTS

Committee Member 1 Grade _____ Signature _____
Comments:

Committee Member 2 Grade _____ Signature _____
Comments:

Committee Member 3 Grade _____ Signature _____
Comments: