



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
School of
Music, Theatre and Dance

DMA RECITAL EVALUATION

Name: _____ Degree: _____

Instrument: _____ Recital Date: _____

Advisory Committee Signatures

Date

Committee Chair: _____

Member: _____

Member: _____

Member: _____

***If you are evaluating this recital by recording in lieu of attendance, please return the recording within 48 hours. If the recording is not returned within this time limit, the student will automatically pass. Exceptions must be approved by the Director of Graduate Studies at the time of receipt of the recital recording.*

DMA Recital # (circle one): 1 2 3

Please attach a copy of the recital program to this form and submit both to the Director of Graduate Studies as soon as convenient following the recital performance.