



**DMA CONTINUATION JURY EVALUATION FORM**

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Instrument: \_\_\_\_\_ Date: \_\_\_\_\_

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*Jury Repertoire*

*Committee Signatures*

*Date*

Committee Chair Signature: \_\_\_\_\_

Committee Chair (print name):

Member Signature: \_\_\_\_\_

Member (print name):

Member Signature: \_\_\_\_\_

Member (print name):

(Optional) Member Signature: \_\_\_\_\_

(Optional) Member (print name):

**Pass**      **Fail**

*Comments:*