



DMA RECITAL EVALUATION FORM

Name: _____ Degree: _____

Instrument: _____ Recital Date: _____

Advisory Committee Signatures

Date

Committee Chair: _____
(print name) _____

Member: _____
(print name) _____

Member: _____
(print name) _____

Optional Member: _____
(print name) _____

***If you are evaluating this recital by recording in lieu of attendance, please evaluate the recording within 48 hours of receiving the recording. Exceptions must be approved by the Director of Graduate Studies at the time of receipt of the recital recording.*

DMA Recital #: 1 2 3

You should include a copy of the recital program with this form and submit both documents to the Graduate Student Services Associate as soon as possible following the recital performance.