

MASTER'S RECITAL APPROVAL FORM

Student's Name _____

Recital Date _____

Recital Location _____

Approved—this recital has been accepted to fulfill the required master's recital.

Disapprove—this recital is unacceptable and will not count as the required master's recital.

COMMENTS:

Major Applied Teacher:

Print Name: _____

Signature: _____

Please deposit this completed form and the Recital Program in the DGS office.