GRADUATE CONDUCTING RECITAL APPROVAL FORM

Dear Major Professor,

Please use this form to notify the Director of Graduate Studies about the outcome of your student's recital. Thank you.

Student's Name: _____ DMA MM
Circle one

Date: _____

_____

Portion of degree recital completed

Committee members' vote: PASS FAIL

_____
(name)

_____
(name)

_____
(name)

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(name)

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(name)

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(name)

Please return this form to Mr. David McGuiggan in rm. 102 within two (2) working days.