

Graduate Recitals

Dear Major Professor,

Please use this form to inform Academic Student Services of the outcome of your student's recital. Thank you.

Student's Name _____

Date _____

Committee members' votes:	Pass	Fail
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(name)		
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(name)		
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(name)		
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Please return this form to Mr. David McGuiggan in the Office of Academic Student Services within two days of the recital.