RECITAL GRADE FORM

This form must be emailed along with one (1) copy of your program to your Recital Committee Chair.

Student Name:	(First)			Student ID #:
	(First)	(Last)		
Recital Date:	Location:			Time:
Type of Recital (vo	oice, piano, composition, flu	ute, etc.):		
Name of Applied-I	Music Instructor:			
	•DEC	GREE EMPH	IASIS	•
Bac	chelor of Arts/Music Educa	tion (398)		Master of Music (597)
Ba	chelor of Arts/Liberal Arts ((398)		Masters of Arts/Piano Ped. (597)
Ba	chelor of Music (398)			Artist Diploma (597)
Ba	chelor of Music (498)			
Faculty Member #	1 1:			
	f the student to email this form win st one (1) week before the recital.		completed	l and one (1) copy of the program to the Recital
requirements Committee Chair*	faculty members hereby cer	This recital is in p	ve named partial fu	I student has successfully fulfilled the lfillment of the degree requirements. GRADE
Faculty Member #	?2 :			
				COMMITTEE GRADE

^{*}It is the responsibility of the Committee Chair to email this completed form to Paul Shirts (pshirts@fullerton.edu) in the School of Music Office for placement in the student's file. Only the committee members who are listed in the "confirmation" box should submit a recital grade.