Student ID# _____

Northwestern State University – Department of Music
RECITAL PREVIEW HEARING EVALUATION

_____ **agrees to serve on the Preview Jury for:**
(Faculty Member's name)

_____, **who is pursuing a** _____.
(Student's Name) (Degree)

This recital is (circle one): **Required / Non-Required**

Preview Hearing was held at _____ **on** _____ **in** _____.
(Time) (Date) (Location)

Recital is scheduled for _____ **on** _____ **in** _____.
(Time) (Date) (Location)

_____ **I recommend that this student IS adequately prepared for a recital.**

_____ **I recommend that this student IS NOT adequately prepared for a recital.**

COMMENTS:_____

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Signature: _____