



Department of Music

## MUS 412: SENIOR RECITAL DATA FORM

**NO SENIOR RECITAL WILL BE SCHEDULED AFTER WEEK FIFTEEN.**

Student Name: \_\_\_\_\_

Instrument: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Program approval date for Dr. MJ Tsai \_\_\_\_\_

**(2 weeks prior to 412 hearing)**

Date to submit program to Music Dept. Office \_\_\_\_\_

**(1 week prior to 412 hearing)**

Date of Hearing: \_\_\_\_\_

Date of Recital: \_\_\_\_\_

Program approval date for Dr. MJ Tsai: \_\_\_\_\_

Approved:  Disapproved:

Date to submit program to Music Office: \_\_\_\_\_

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Applied Instructor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**My signature below indicates that I have been properly advised and agree with the importance of the above dates pertaining to my senior recital.**

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PRINT