



MISSISSIPPI STATE UNIVERSITY™
DEPARTMENT OF MUSIC

Undergraduate Student Recital/Project Evaluation Form

Name: _____ Date _____ 20 _____

Major: BA, Bachelor of Arts BM, Performance BME, Music Education

Year: Junior Senior

Signature of Studio Teacher: _____
(Indicating that the recital has been approved)

Following the completion of the degree recital or degree project, the Committee will indicate whether the student has passed or failed below. Copies can be given to the recitalist and the studio teacher, and one copy will remain on file. This recital is given in fulfillment of the degree requirement.

Faculty Recital Committee:

Pass

Fail

Studio Teacher's Name (signature)

Studio Teacher's Name/Committee Member (signature)

Committee Member's Name (signature)

**The Department of Music is a fully accredited member of the National Association Schools of Music and the National Council for Accreditation of Teacher Education.*