



**MISSISSIPPI STATE UNIVERSITY™**  
DEPARTMENT OF MUSIC

## Undergraduate Student Recital/Project Hearing Form

Name: \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

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

Year:     Junior     Senior

Proposed Recital/Project Date: \_\_\_\_\_  
Day of the Week            Month            Date            Year            Time

Proposed Hearing Date: \_\_\_\_\_  
Day of the Week            Month            Date            Year            Time

Program:             Selected Repertoire             Entire Recital

Hearing Results:  Approved             Not Approved

Program/Repertoire Comments:

Applied Teacher/Committee Member \_\_\_\_\_