

**DIVISION OF VOCAL STUDIES HEARING REPORT**

*Permission to perform Junior/Senior Recital*

\_\_\_\_\_ Semester, 20\_\_

NAME \_\_\_\_\_ APPLIED TEACHER \_\_\_\_\_

=====

**COMPLETE LIST OF REPERTOIRE STUDIED THIS SEMESTER**

*See attached program*

**COMMENTS**

\_\_\_\_\_  
*Faculty Signature*

\_\_\_\_\_  
*Date*

**RECOMMENDATION:**

- \_\_\_\_\_ 1. Student is approved to perform His/Her recital
- \_\_\_\_\_ 2. Student is not approved but may try again in one week
- \_\_\_\_\_ 3. Student is not approved on second attempt