

Doctoral Recital Approval Form

Student's Name _____

Recital Date _____

Advisory Committee Members:

	Approve	Disapprove	Did not attend
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This Recital has been accepted by the Advisory Committee as one of the Required Doctoral Recitals.

This Recital has been deemed unacceptable by the Advisory Committee, and will not count as one of the Required Doctoral Recitals.