

**MASTER'S RECITAL APPROVAL FORM**

Student's Name \_\_\_\_\_

Recital Date \_\_\_\_\_

Recital Location \_\_\_\_\_

Approved—this recital has been accepted to fulfill the required master's recital.

Disapprove—this recital is unacceptable and will not count as the required master's recital.

COMMENTS:

Major Applied Teacher:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please deposit this completed form and the Recital Program in the DGS office.