

**Doctoral Recital/Performance  
Schedule Confirmation Form**

\_\_\_\_\_  
Student Name Instrument \_\_\_\_\_

Recital \_\_\_\_ of \_\_\_\_ Credit Hours \_\_\_\_ Registration Term \_\_\_\_\_

**Committee Members:**

\_\_\_\_\_, Chair  
\_\_\_\_\_, Major Area  
\_\_\_\_\_, History/Theory  
\_\_\_\_\_, Music  
\_\_\_\_\_, Outside member

**Hearing:** \_\_\_\_\_  
date/time location

**Recital:** \_\_\_\_\_  
date/time location

**Final Recital:** \_\_\_\_\_  
date/time location

Student Signature \_\_\_\_\_  
Major Teacher \_\_\_\_\_  
Director of Graduate Studies \_\_\_\_\_

**Division of Music**