

WESTERN OREGON UNIVERSITY

DEPARTMENT OF MUSIC

SENIOR/MASTERS RECITAL AND RECITAL JURY FORM

You must schedule a jury date and time in order to secure a room for your recital.

Student Name: _____

Recital Date and Time: _____

Jury Date and Time: _____

Recital Jury Committee Names: _____

Student Signature: _____ Date: _____

MUP Instructor Signature: _____ Date: _____

- *Please see back page for jury and recital policies*
- *It is recommended that the student read the Music Handbook for additional policies and protocols.*

Please Return to Music Office