

UConn

SCHOOL OF FINE ARTS

MUSIC

DMA Pre-Recital Hearing Report

Student Name

NetID

Phone #

E-mail

- The student is prepared to perform the DMA qualifying recital as scheduled
- The student is NOT prepared to perform the DMA qualifying recital as scheduled

Date of Pre-Recital Hearing: _____

Scheduled Recital Date: _____

Comments:

Faculty Member's Signature: _____

This report must be retained in the student's permanent file in the Music Department Office.