COLLEGE OF MUSIC

MASTER’S ORAL CERTIFICATION EXAMINATION

Student: ___________________________  PID # __________________

Major Area/ Instrument: ________________________________

Examination Date: ___________________  Time: __________________

ORALS COMMITTEE:  SIGNATURES

Major Professor __________________________

Theory or History ________________________

At-Large ________________________________

EXAMINATION RESULTS:  _______ PASS _________ FAIL

(Failure requires a second and final examination with the provision that a second failure will remove the student from the degree program.)

Master’s Recital is/was: _____________________________

date

**A copy of both an Audio Recording and Program for the recital must be submitted.**

If the Main Office printed your program, then we will automatically receive a copy.
If they did not, then YOU must provide a paper copy.

Did or will you work with Recording Services to record this?  _____ Yes  _____ No

If ‘No’, YOU must provide us with an mp3 of the recital via FileDepot.
Please see the directions on our website.

This completed form should be returned to the Associate Director for Graduate Studies immediately following the examination.