



# COLLEGE OF MUSIC

## RECORD OF LECTURE-RECITAL (without Document) REQUIREMENTS FOR DOCTORAL DEGREE CANDIDATE

Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Lecture-Recital Number: ☐ # 1 or ☐ # 2

1. Lecture-Recital Title: \_\_\_\_\_

2. Oral Examination in defense of the lecture-recital was conducted on: \_\_\_\_\_  
date

The student ☐ Passed ☐ Failed (Reason: \_\_\_\_\_)

3. Lecture-Recital has been: ☐ Accepted ☐ Rejected ☐ Accepted subject to revisions (beyond minor editorial changes) (Signature of the Committee Chair required after revisions. See below.)

IF Accepted, Recital Date and Time: \_\_\_\_\_ \* Audio Recording and program are required. (Details at bottom of the page.)

IF Rejected, reason for rejection: \_\_\_\_\_

4. Dissenting opinions and signature of dissenting examiners, if any:

Signatures of Guidance Committee Members: Printed names of Guidance Committee Members:

	Chairperson of Guidance Committee	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Revision, if any, Approved: \_\_\_\_\_  
Chairperson of Guidance Committee Date

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

*If the Main Office printed your program, we 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/audio copy of the recital via FileDepot. Please see the directions on our website.*