

University of Texas at Arlington  
Recital Proposal/Hearing Form  
To Be Filled Out in Triplicate

Name of Student \_\_\_\_\_

Check box that applies:

- Graduate Recital
- Undergraduate Recital (Performance Option)
  - Full-Recital Senior
  - Half-Recital Junior
- Performance Project (Music Theatre Option)

Recital Date Scheduled \_\_\_\_\_ Time \_\_\_\_\_ (to be scheduled by student)

Hearing Date Requested \_\_\_\_\_ Time \_\_\_\_\_ (must be at least three weeks prior to recital performance date)

Names' of Committee Members (including their own major professor)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If a full-time voice professor is not available, then inform Vocal Division Chair to find replacement.

Copy of Program Typed and Attached (please include times of each selection)

**To Be Filled Out By Faculty Only**

Proposal Accepted  Yes  No

If No Explain Why \_\_\_\_\_

**Hearing Evaluation**

- Pass
- Rehear the following selections \_\_\_\_\_  
\_\_\_\_\_
- Must retake entire hearing

Signature of Committee Member \_\_\_\_\_