

**UNIVERSITY OF TENNESSEE
SCHOOL OF MUSIC
PRE-RECITAL HEARING**

Name: _____

Degree: _____

Major Professor: _____

Type of Recital: _____

Recital Date: _____

Recital Location: _____

Hearing Date: _____

Hearing Time: _____

Hearing Location: _____

Comments: _____

Program:

List all pieces (including movements), Composer, Composer's Dates

Evaluator Comments:

_____ Approved

_____ Not Approved

Evaluator: _____

Teacher's Signature Approving Program: _____