University of Arkansas
Brass Area Degree Recital Form

Student’s Name: ____________________________ Instrument: ______________________

Type of Recital

____ Master’s Solo  ______ Master’s Chamber
____ Senior Performance ______ Senior (non-performance)
____ Junior Performance ______ Other (describe) _____________________________

Is this recital a degree requirement for an Honor’s Program? ___Yes ___No

Are you enrolled for recital credit? ___Yes ___No

Are you currently enrolled in applied instruction on your instrument at the major level?
(This is required in order to perform a degree recital) ____Yes ____No

Date, time, and location of Recital __________________________________________

Recital Repertoire (include timings for each work)

Jury Members

Applied Instructor: ________________________________

Signature: ____________________________ Date: _________________

Second Brass Faculty Member: ________________________________

Signature: ____________________________ Date: _________________

Third Jury Member: ________________________________

Signature: ____________________________ Date: _________________