

**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: _____