

COMMITTEE RECITAL FORM

TEXAS CHRISTIAN UNIVERSITY SCHOOL OF MUSIC – VOICE DIVISION

This form must be completed and turned in at the time of your recital hearing. All members of your committee must be present.

Name: _____

TCU ID#: _____

Degree Program: _____

Recital Date & Location: _____

I request appointment of the following faculty* members to serve on my Recital Committee.

Major Professor: _____
Name Signature

Committee Member 1: _____
Name Signature

Committee Member 2: _____
Name Signature

*Performance Majors may request faculty members from the voice and opera departments.

*Education Majors may request faculty members from the voice, choral, and opera departments.

*Bachelor of Arts Majors do not require a committee.