

UNIVERSITY of HOUSTON

KATHRINE G. McGOVERN COLLEGE OF THE ARTS

Moore School of Music

DMA Recital Committee Appointment Record

Name _____

Division/Instrument _____ Student ID Number _____

Email _____

It is requested that the following faculty members agree to serve on the DMA Recital Committee for the student named above.

Committee Members (please print name on left line)

Committee Chair (Primary Instructor)

Signature

Committee Member

Signature

Committee Member

Signature

Outside Committee Member

Signature

Approved:

Division Chair

Date

Director of Graduate Studies

Date