

# 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.