

Hampton University
Hampton, Virginia
Department of Music

SENIOR RECITAL EVALUATION

Name of Student _____ ID# _____

Instrument _____ Applied Instructor _____

Recital Date _____ Time _____

Strengths:

Weakness:

PASS: _____ Yes _____ No

PASS WITH REVIEW OF THE FOLLOWING:

ADDITIONAL COMMENTS:

Evaluator: _____ Date: _____