## DMA Recital Track Recital Prepared without Guidance Approval

I certify that I have prepared the recital specified below without assistance from a teacher or coach.

Signature of student		Date
Printed name		UID number
Email address	Phone number	Instrument
By vote of the Applied Studies Committee:		
Proposed program approval date		
Note that the entire recital process from reperto period of 90-120 days regardless of when it occu	= -	mance, must take place within a
Date of recital Tin	ne Location of recital	
The student must obtain the following signature document, the faculty members certify the succe Prepared without Guidance:	essful completion of the requir	ements for the DMA Recital
Signature of instructor	Printed Name	Date
Signature of additional applied faculty member	Printed Name	Date
	240	
Please return this form to Ro	om 240 along with a copy	of your program
Please return this form to Ro		of your program
	Y:	