MASTER’S ORAL CERTIFICATION EXAMINATION

Student: ___________________________ PID # ___________________

Major Area/ Instrument: ________________________________

Examination Date: ________________ Time: ________________

ORALS COMMITTEE: SIGNATURES

Major Professor __________________________

Theory or History _________________________

At-Large _________________________________

EXAMINATION RESULTS: _______ PASS _______ FAIL

(Failure requires a second and final examination with the provision that a second failure will remove the student from the degree program.)

Master’s Recital is/was: __________ date

** Student must provide a copy of both the CD and Program for the recital. If the recording is/was done by any source other than Recording Services, student must provide us with a CD of the performance.

This completed form should be returned to the Associate Director for Graduate Studies immediately following the examination.