



GUSTAVUS ADOLPHUS COLLEGE
DEPARTMENT OF MUSIC
800 West College Avenue
St. Peter, Minnesota 56082

*Honors in Performance
Junior Recital Evaluation Form*

PLEASE PRINT OR TYPE

TO BE COMPLETED BY THE STUDENT

Name: _____ Instructor: _____

Recital Date: _____

DEPARTMENT OF MUSIC FACULTY COMMENTS

Please comment in the space below on aspects of Musicianship, Tone, Technique, Stage Presence, etc.

- APPROVED
- NOT APPROVED

Signature

Date