



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

Honors in Performance
Senior 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.

Signature

Date