

DEPARTMENT OF MUSIC

## Senior Project Grading Form

Student Name:			
Student ID:			
Project Title:			
Project Format:			
Recital/Presentation Date (if applicable):			
Committee Member Names:			
1)			
2)			
3)			
Project Results			
Signature CM 1:	Pass	☐ Revision*	☐ Fail
Signature CM 2:	Pass	Revision*	☐ Fail
Signature CM 3:	Pass	Revision*	☐ Fail
*If voting for Revision and/or second performance, please provid grading form.	le comment in the box	below or attach with	this

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.) please contact Dr. Benjamin Schoening, <a href="mailto:music@ung.edu">music@ung.edu</a>, 706-867-4466.