

MISSOURI SOUTHERN
STATE UNIVERSITY
DEPARTMENT OF PERFORMING ARTS

CAPSTONE GRADING FORM

Capstone DATE: _____

P / F

Capstone TYPE: MUS 350 Junior Recital TH 389 Junior Project
 MUS 451 Senior Recital TH 490 Senior Project

NAME _____ DEGREE _____

MEDIUM Vocal Instrumental Acting Directing Other

The undersigned have assessed this CAPSTONE RECITAL/PROJECT performed/submitted by the CANDIDATE _____ (S00 _____) for the DEGREE OF _____, and hereby certify that, in their opinion, the candidate **HAS / HAS-NOT** passed. Given this, it is their recommendation the student:

APPLIED INSTRUCTOR / POSITION TITLE P / F _____
Date

COMMITTEE MEMBER / POSITION TITLE P / F _____
Date

COMMITTEE MEMBER / POSITION TITLE P / F _____
Date

DEPARTMENT CHAIR SIGNATURE: DATE: _____