

MISSOURI SOUTHERN
STATE UNIVERSITY
DEPARTMENT OF PERFORMING ARTS

P / F

CAPSTONE REVIEW FORM

Capstone DATE: _____

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

REPERTOIRE - MUSIC

COMPOSITIONS / COMPOSERS – Please attach

PROJECT – THEATRE

TITLE(S)/PLAYWRITE/AUTHORS – Please attach

PASSED WITH NO RESTRICTIONS: _____

PASSED WITH THESE RESTRICTIONS:

NO PASS FOR THESE REASONS:

RECOMMENDATIONS

_____ P / F _____
APPLIED INSTRUCTOR / POSITION TITLE Date

_____ P / F _____
COMMITTEE MEMBER / POSITION TITLE Date

_____ P / F _____
COMMITTEE MEMBER / POSITION TITLE Date

_____ DATE: _____
DEPARTMENT CHAIR SIGNATURE: