



EASTMAN
SCHOOL OF MUSIC
UNIVERSITY of ROCHESTER

DOCTOR OF MUSICAL ARTS RESEARCH PROJECT

We, the undersigned, appointed to read the Doctoral Research Project written by

_____, candidate for the

Doctor of Musical Arts degree, state that the research project is accepted in partial

fulfillment of the dissertation requirement.

Title of Doctoral Research Project: _____

Doctoral Research Project Advisor: _____
(Signature and date)

Doctoral Research Project Reader (within the dept.) _____
(Signature and date)

Doctoral Research Project Reader (outside the dept.) _____
(Signature and date)

Please return completed form to the Graduate Studies Office.