RECITAL REQUEST FORM

Please submit this form with complete information at least one week prior to the recital.

Name: _______________________________  E-mail: _______________________________
Instrument/Voice Type: __________________________  Phone: ___________________________
Recital Date: __________________________  Time: __2:30pm  __6:00pm  __ 8:00pm  __Other: ______
Total Time Required: ______ minutes of music  Faculty Signature: __________________________

Please check one:
___ Elective recital (does not require faculty adjudication)
___ Jury Substitution (requires a faculty adjudication panel)
___ Degree recital (requires a faculty adjudication panel):
   ___ BA, BM Commercial and Electronic Music, or BSEd
   ___ BM Performance:  ___ Junior (MUS 305)  ___Senior (MUS 405)
   ___ BM Musical Theatre (MUS 405)
   ___ MM:  ___Graduate (MUS 605)  ___Lecture/Recital (MUS 679)

Program information (in performance order)

First piece:

Title (include larger work from which it comes, if applicable) __________________________ Composer (full name)
List Movements: __________________________ Dates

Accompanist, Instrument: __________________________
Other performers (inst./voice): __________________________

Accurate Timing: ____________ minutes

Second piece:

Title (include larger work from which it comes, if applicable) __________________________ Composer (full name)
List Movements: __________________________ Dates

Accompanist, Instrument: __________________________
Other performers (inst./voice): __________________________

Accurate Timing: ____________ minutes

(continue on back in the same format as needed)

Professional Training for Tomorrow’s Musicians