

# Student Recital Form

Recital Date \_\_\_\_\_

Your Name \_\_\_\_\_ Instrument or Voice Part \_\_\_\_\_

Major Degree Program or Emphasis \_\_\_\_\_ B.A. \_\_\_ B.M. \_\_\_ B.S. \_\_\_ (if known)

Classification Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_

\*Accompanist \_\_\_\_\_

Title of Composition \_\_\_\_\_ \*Key \_\_\_\_\_ \*Op. No. \_\_\_\_\_

Time of Selection \_\_\_\_\_ (minutes) \_\_\_\_\_ (seconds)

Composer \_\_\_\_\_ Dates of Composer \_\_\_\_\_

\*Tempo markings of the multi-movement work you will be performing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Is your vocal piece part of a larger work? If so, name the title of the larger work:

\_\_\_\_\_

\*when applicable

- I. Have your selection approved by divisional chairperson:  
Piano – Dr. Reed; Instrumental – Dr. Rhodes; Vocal – Dr. Wilson
- II. Give complete information including the TIME of your piece to Dr. Jerome Reed BEFORE the day of the recital.