

# STUDENT RECITAL HOUR INFORMATION FORM

Please limit length 5-6 minutes if possible. Complete form and leave in the Music Office, #150 **no later than Monday at 4:00 p.m.** for the Thursday recital hour.

\*RECITAL DATE: \_\_\_\_\_

\*TITLE(S) OF WORK(S) TO BE PERFORMED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CATALOG NUMBERS (BWV, Köchel, etc.): \_\_\_\_\_

\*COMPOSER (full name)\_\_\_\_\_

\*COMPOSER'S BIRTH DATE\_\_\_\_\_

\*COMPOSER'S DEATH DATE(or living)\_\_\_\_\_

ARRANGER: \_\_\_\_\_

POET (full name) AND DATES: \_\_\_\_\_

\*TOTAL DURATION OF PERFORMANCE: \_\_\_\_\_

\*PERFORMER'S NAME: \_\_\_\_\_

LOCAL PHONE # OR E-MAIL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*INSTRUMENT OR VOICE CLASSIFICATION: \_\_\_\_\_

ACCOMPANIST: \_\_\_\_\_

\*PRIVATE INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

**\*Denotes required fields. Form will be rejected without this information.  
Please provide e-mail address if you wish to be notified of a problem  
otherwise you will be rejected without notification.**