## Music Department – PRE-RECITAL FORM

Pre-Recital Check List		
☐ Make 4 copies of this completed form for the mi	usic faculty	
☐ Provide 2 copies of your music for the music face	ulty.	
Name	Teacher	
Teacher e-mail and/or phone (if non-Burman teach	ner)	
<b>Recital Term:</b> □ Fall □ Winter □ Summer		
Recital Day & Date	Recital course code (BA)	Recital course code (BMus)
Recital Time	MUAP 39 (3-yr)	MUSP 39
Recital Venue	MUAP 49 (4-yr)	MUSP 49
List pre-recital pieces (including individual moveme	ents where applicable) & ti	ming of each piece / movement:
Composer & Complete Title		Approximate Time
		<del></del>
		<del></del>
	TOTAL TIME (mi	nutes)

