## **Music Department – RECITAL FORM**

## **Recital Check List** ☐ Make 4 copies of this completed form for the music faculty ☐ Give all 4 copies of this completed form to your faculty advisor a minimum of one day prior to recital time Performance Area Teacher \_\_\_\_\_ Teacher e-mail and/or phone (if non-CUC teacher) \_\_\_\_\_ □ Fall □ Winter □ Summer Recital Term: Day & Date\_\_\_\_\_ Recital course code (BA) Recital course code (BMus) Time \_\_\_\_\_ MUAP 3\_\_\_9 (3-yr) MUSP 3 9 **Venue** \_\_\_\_\_ MUAP 4\_\_\_9 (4-yr) MUSP 4\_\_\_9 List recital repertoire (including individual movements) in exact program order, with timings for each work: **Composer & Complete Title Approximate Time**

Approximate TOTAL TIME \_\_\_\_\_\_

## Faculty Comments / Evaluation