

**Truman State University Department of Music
Student Recital Information Form**

Composition to be Performed

Composer's Name and Dates

Movements:

Name of Soloist

Instrument or Voice

Name of Accompanist

Approximate Length of Performance

Preferred Performance Dates

Soloist Phone # Soloist email

First Choice _____

_____ _____

Second Choice _____

*Note: In stating the above choices, please be prepared to perform on either date. If this means your first choice is later than your second choice, please plan accordingly.

Student Signature

Approval of Applied Music Teacher

*Please print or type information to help insure correct spelling on the recital program. Recital information forms must be submitted by 4:30pm on the Tuesday preceding the recital date (earlier of the two choices).