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).