

**University of Central Oklahoma - School of Music
RECITAL PROGRAM REQUEST FORM**

Type of Recital: JR SR GRAD BME BM FACULTY GUEST

OTHER: _____

Date: _____ Time: _____ Location: _____

NAME: _____ INST/VOICE: _____

ACCOMPANIST: _____ APP. PROF: _____

if shared recital:

NAME: _____ INST/VOICE: _____

ACCOMPANIST: _____ APP. PROF: _____

NAME: _____ INST/VOICE: _____

ACCOMPANIST: _____ APP. PROF: _____

Assisted by:

Name	Instrument	Applied Professor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List recital selection information on second page or the back of this form.

Recital Committee approval and signatures for degree recitals:

The information on this form is complete and accurate (including spellings and composer dates). This program is ready to be typed and printed for public distribution.

Committee Chair _____
Date

Committee member _____
Date

Committee member _____
Date

*The program WILL NOT BE ACCEPTED BY OR PREPARED BY THE SOM OFFICE
WITHOUT THE ABOVE SIGNATURES.*

RECITAL SELECTIONS

Please print. Use ink. Remember to insert "Intermission" if needed. List selections in concert order. Proof this information! It will be printed as you submit it.

Composer/dates

Title/movements

Example:

Johann Sebastian Bach (1685-1750)

Viola da gamba sonata No. 2, BWV 1028

Adagio

Allegro

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