RECITAL PROPOSAL FORM

This form must be submitted 5 months before your proposed recital date.

Student's Name _____ Instrument _____

Applied Teacher _____

Type of Recital (circle one) Preliminary Half Full

Proposed Recital Date _____

Proposed Program In Order

Composition Title	Composer	Length of Selection

(Indicate how you are breaking up your sets.)

Signature of Applied Teacher_____

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Approved Not Approved

Signature of Department Chair _____