

Student Recital Program Form

This document may be downloaded from "Current Students" section of School of Music website.

NOTE: It is extremely important you email your complete program information A MINIMUM OF 10 BUSINESS DAYS PRIOR TO YOUR RECITAL.

Failure to do so will result in no printed music program at your performance.

Email this info to Patricia Duran at: PatriciaDuran@shsu.edu

Name (as it will appear)	:			
Applied instructor:				
Instrument/Voice type:				
Piano accompanist:				
Additional performers:	please list addition	nal performers on the	e pieces in which they are performing	
Recital Details:	Date:	Time:	Location:	
Number of programs re	quested (if more tha	an 40):		
Type of Recital:	Undergraduate (b	achelor's degree)	Graduate (master's degree)	
Each piece should follo designation), movemen	ow the format belo		(with date, opus number, or other appropria	ıt∈
Piece Name (include opus number or date of composition) Movement name or tempo designation			Composer Full Name (birth year-death year)	
Movement II n	ame or tempo desig		nt	
		Musician, instrumer	IIL	

Include **intermission** where applicable.

A proof (draft) will be emailed to you for review a few days before your recital, after which they are printed. Your programs will then be delivered by the School of Music to the GPAC box office for distribution at your recital.

Note: Program notes/bios (when desired) are not included. It is the student's responsibility to create/format/print program notes separately.