

CCSU - DEPARTMENT OF MUSIC

Student Recital Program

*****Note: The Applied Lesson Instructor MUST sign below before placing this form in the Student Recital Coordinator's mailbox***

Please print clearly for publicity purposes

Name(s) _____
Recital Date (indicate 1st and 2nd preference):
Cell/Phone: _____ [] 11/5 [] 11/24 [] 12/3

Instrument or Voice* Part: _____

[] first recital performance this academic year (first time performances will be given priority)

[] *text translation emailed to recital coordinator – **REQUIRED** (Dr. Parr - parrc@ccsu.edu)

Print clearly using upper and lower case and accent marks

Title(s), including section(s) / movement(s) / opus (or other) number when applicable: _____

Composer: _____ Exact Length
in Minutes: _____

Accompanist(s): _____

Special Stage Requirements and/or Comments: _____

* Vocalists: text translation is required

** Instructor's Signature: _____

Student Status:

Freshman ___ Sophomore ___ Junior ___ Senior ___

**Deadlines for the submission of participant's names and pieces
are listed on the All-Events Calendar**