WESTERN ILLINOIS UNIVERSITY SCHOOL OF MUSIC Student Recital Hearing Form

(complete both pages of this form)

Junior Recital	Senior Recital	Graduate Recital	
Non-deg	gree Recital	_ Honors Recital	
Name:		Phone:	
E-mail: Instrument/Voice Part:			
Proposed Recital Da	ate:		
in the Recital Ha required deadling to the proposed recital repertoire the repertoire on Recital Preview	all Office three weeks prior to e, the recital hearing/previe differital date. ***In prepara e, to be performed for the se	If the hearing, this completed and signed form is due to your proposed recital date. In order to meet the ew must be scheduled to take place four weeks prior action for the hearing ,you must prepare the complete election of faculty members. You may NOT change impleted the hearing process.	
		al preview listed above, and that we have approved this lty members must be present at the recital preview).	
Applied Profess	sor's Signature		
Committee Mer	mber's Signature		
Committee Mer	mber's Signature	<u></u>	
Committee Mer	mber's Signature		
Collaborative P	rianist's Signature (if any)	
Recital Hall Ma	nager's Signature		

Proposed Repertoire for Recital

(Include all music and/or movements here OR attach a complete copy of your prepared program info)

Title (include all movements or selections, etc.)	Composer & Dates		
Other Recital Personnel			
Other Recital Personnel			

Please fill out one form PER STUDENT in the case of combined recitals.