RECITAL AUDITION FORM (each recitalist must fill out a form)

NAME: INSTRUMENT: ACCOMPANIST:		TEACHER:	
(Please Check One)	B.S B.A	B.A. Performance	
Required Senior Reco	ital (30 min.) mee Major Senior Recita	_	
Audition Date:	Audition Time:	Recital Date:	
Faculty Jury Members: (to be completed by Area Coordinator)			
1. 3.	2. 4.		
Repertoire in Recital Order: (Include <u>exact/accurate</u> timings of your performance of this literature) TITLE: COMPOSER: TIMING:			
MAKE 3 TYPED COPIES OF THIS FORM AND BRING TO YOUR RECITAL HEARING. THIS SECTION TO BE COMPLETED BY FACULTY JURY MEMBER			
	OMILETED BITA	COLIT JUNI MEMBER	
Faculty Name:			
Passed	Not Passed		
Comments: (continue on back if needed)			