

ANDREWS UNIVERSITY
Department of Music

Recital Checklist

Student Name _____ ID _____ Instrument _____

Professor Name _____

Degree Recital: Junior _____ Senior _____ Masters _____

A. Audition Date _____

1. Repertoire list _____

2. Audition Results (to be filled out by teacher): Passed Failed _____

3. Members of the Committee _____

4. Teacher's Signature _____

5. Chair Signature _____

B. Recital

1. Date _____ Time _____

2. Place _____

3. Rehearsal times _____

4. Teacher approval of poster (if necessary): _____

5. Teacher approval of program: _____

6. Teacher approval of recital attire: _____

7. Reception: Yes _____ No _____ (Optional) _____

8. Recital grade (to be filled out by teacher): _____

9. Recital Jury signatures: _____

10. Chair signature _____