



PROPOSED RECITAL PROGRAM

Postgraduate Coursework Programs

Name: _____ ID: _____

Teacher: _____ Instrument/voice: _____

Accompanist/associate artist/s: _____

<p>PROGRAM</p> <p><input type="checkbox"/> Graduate Diploma in Music (Performance Studies)</p> <p><input type="checkbox"/> Master of Music (Performance Studies)</p> <p><input type="checkbox"/> Graduate Diploma in Music (Performance & Pedagogy)</p> <p><input type="checkbox"/> Master of Music (Performance & Pedagogy)</p>	<p>TYPE OF RECITAL</p> <p><input type="checkbox"/> Minor Recital – 25 minutes</p> <p><input type="checkbox"/> Major Recital – 50 minutes</p>
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RECITAL PROGRAM DETAILS (if space insufficient, please attach a separate sheet):

Composer	Work	Duration
Total duration:		

Student signature: _____ Date: _____

Teacher signature: _____ Date: _____

Head: _____ Date: _____

PLEASE SUBMIT THIS FORM TO YOUR TEACHER