Recital Hearing Form
Idaho State University, Department of Music

Note: Recital auditions must be completed at least 3 weeks before the proposed date of the recital. Submit form, signed by major professor, to music office directly after hearing.

Student Name: ___________________________ Hearing Date: ___________________________

Type of Recital: Senior  Junior  Other _______ Recital Date: ___________________________

Instrument or Voice type: ___________________________ Recital Time: ___________________________

Accompanist: ___________________________ Degree: BM  BME  BA  BS

Ensemble Piece(s): ___________________________

Ensemble Participants: ___________________________

Faculty Committee: ___________________________

Signature of major professor for approval of program listing: ___________________________

PROGRAM
List pieces with correct form and in recital order. Please include composer’s dates and intermission.

Signature: ___________________________ Approval of audition by Music Faculty Committee

Signature: ___________________________ Yes  No

Signature: ___________________________

If audition is not approved, another audition for the same recital date may be scheduled not sooner than two weeks hence. If disapproved a second time, another audition may be scheduled no sooner than the next semester.