

**UNIVERSITY OF TENNESSEE SCHOOL OF MUSIC
RECITAL/CONCERT PROGRAM INFORMATION FORM**

The information on this form must be typed and emailed directly to Diana Castillo at dcastil2@utk.edu. Handwritten copy is not acceptable.

This information must be submitted no later than two (2) weeks prior to the recital. Allow extra time if programs are needed before the day of the recital.

Quantity of prints requested: _____

Performer name: _____

Performer phone: _____ Performer email: _____

Applied professor name: _____

Professor phone: _____ Professor email: _____

Performer instrument/voice range: _____

Accompanist and their instrument: _____

Other performers and their instruments:

Classification of recital:

____ Junior ____ Faculty ____ Senior ____ Guest ____ Graduate ____ Ensemble
____ Other _____

Day of the week of the recital: ____ M ____ T ____ W ____ Th ____ F ____ Sat ____ Sun

Month, Day, and Year of recital: _____

Recital Time: _____ Recital place: _____

Works to be performed (in order of performance): *Please complete all information requested, including composer dates. This form will not be accepted unless all program information is submitted.*

Title, Opus/No., Composer, and Composer Dates

This recital is presented in partial fulfillment of the requirements for the _____ degree in _____.

____ Mr. ____ Miss ____ Ms. ____ Mrs. ____ Dr. _____ is a student of _____.

A draft of your program will be sent to you via email for approval.

*Please proofread the draft carefully and return any corrections via email **no later than one (1) week before the recital date. It is your responsibility to check the ENTIRE program (all spelling, performers, instruments, titles, opus numbers, accent marks, composers' names, degrees, acknowledgements, etc.) and be sure that all dates/times listed are logical and correct.***