



PROPOSED RECITAL PROGRAM

BACHELOR OF MUSIC

Name: _____ ID: _____

Teacher: _____ Instrument/voice: _____

Accompanist/associate artist/s: _____

Major: Classical Jazz Classical Voice

Year Level: 1st year 2nd year 3rd year

Composer	Work	Duration
Total duration:		

Student signature: _____ Date: _____

Teacher signature: _____ Date: _____

Head: _____ Date: _____

PLEASE SUBMIT THIS FORM TO YOUR TEACHER