

**STUDENT NAME**

INSTRUMENT

*assisted by*

Name, instrument

*from the studio of Professor or Dr. Full Name*

**– PROGRAM –**

Work Composer

 (composer dates)

Work Composer

1. Movement with Number (composer dates)
2. Movement with Number
3. Movement with Number

Work Composer

 (composer dates)

**– intermission –**

Work Composer

 Movement without Number (composer dates)

 Movement without Number

**Sunday, February 10, 2023**

**8 p.m.**

**Insert Room Name**

**Insert Building Name**

This recital is presented in partial fulfillment  of the requirements for the degree of  BACHELOR OF MUSIC IN MUSIC EDUCATION

*****Audience members are reminded to silence alarm watches, pagers, and cellular phones before the performance. As a matter of courtesy and copyright law, no unauthorized recording or photographing is allowed in the hall. The Moore Musical Arts Center is a nonsmoking facility.*



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