

ANDREWS UNIVERSITY  
Department of Music

Recital Checklist

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Instrument \_\_\_\_\_

Professor Name \_\_\_\_\_

Degree Recital: Junior \_\_\_\_\_ Senior \_\_\_\_\_ Masters \_\_\_\_\_

A. Audition Date \_\_\_\_\_

1. Repertoire list \_\_\_\_\_

2. Audition Results (to be filled out by teacher): P \_\_\_\_\_