

STUDENT RECITAL REQUEST FORM

Student's Name: _____

Email: _____

Phone: _____

Year: *Senior* *Junior* *Sophomore* *Freshman*

Instrument: _____

Major: _____

Major Professor: _____

Is this recital a requirement for graduation? **Yes** **No**

Are you registered to do a recital through YES? **Yes** **No**

	Date	Time(s)	Hall
1st Choice			
2nd Choice			
3rd Choice			

Length of Program: _____ *Must be under 70 minutes, including breaks.*

Will you be hosting a reception afterwards? **Yes** **No**

What instrumentation is involved and what are your set-up requirements?

Please read the following policies regarding student recitals. Sign below where it says *Student's Signature* stating that you understand these policies and that you have read the Student Recital Handbook.

You must pass your hearing NO LATER THAN 3 weeks prior to your recital.

**Failure to pass hearing by deadline will result in the cancellation of the recital.*

You must submit your technical requests to John Sevier at least 3 weeks prior to your recital.

If your recital is REQUIRED, you must submit your program 2 weeks prior to your recital to Juliette Anderson

If you must cancel your recital, you must contact the Schedule Coordinator IMMEDIATELY - Time is limited in the halls and there may be someone waiting for an opening. Please note that no one is allowed to swap times, all cancellations & reservations must go through the Schedule Coordinator.

Students are allotted 2 hours of rehearsal time in the performance halls in preparation for a recital. (as calendar allows)

Students are permitted ONE rescheduling of recital, rehearsal or hearing. The request must come from the professor.

Student's Signature: _____
Signature *Date*

Approval of Major Professor: _____
Signature *Date*

Dead Week/Finals Week Approval: _____
Signature (Dean Rose) *Date*

Please return this form to the Schedule Coordinator, Heather White, via email - heather.d.white@vanderbilt.edu