**STUDENT RECITAL REQUEST FORM**

Student's Name: ____________________________

Email: ____________________________

Phone: ____________________________

Year: ____________________________

Instrument: ____________________________

Major: ____________________________

Major Professor: ____________________________

Is this recital a requirement for graduation? Yes [ ] No [ ]

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

<table>
<thead>
<tr>
<th>1st Choice</th>
<th>2nd Choice</th>
<th>3rd Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Time(s)</td>
<td>Hall</td>
</tr>
</tbody>
</table>

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 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, in the Front Lobby Box Office (Room 1199).