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 instrumention is involved and what are your set-up requirments?

_____

Please read the following policies regarding student recitals. Sign below where it says *Student's Signture* 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 Joe DeBusk at least a MONTH prior to your recital.

If your recital is REQUIRED, you must submit your program 3 weeks prior tho your recital to Christine Claffey.

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