



School of Music

Recital Request Form

Students, Faculty & Guests

Your Name _____ Date _____

Name of Recital: _____

Circle one in each group:

Year: Senior Junior Guest Faculty

Voice: Soprano Mezzo Tenor Baritone Bass

Instrument: _____

Preferred dates in order of preference (see time & day guidelines chart on back of this form):

<u>Date</u>	<u>Day of the week</u>	<u>Time</u>	<u>Place</u>
1. _____			
2. _____			
3. _____			

Student recitals only: (students fill out this portion along with the top portion)

Type of Recital: Required* Elective Non-graded Elective

Length of Recital: Full Half **Major** _____

Shared with: _____
(If sharing a recital, both students need to fill out this form.)

Faculty endorsement _____
(signature) (print if signature is not legible)

Accompanist's approval _____
(signature) (print if signature is not legible)

Advisor's signature _____
(print if signature is not legible)

*Advisor's signature required as confirmation of enrollment in MU330/430

FOR OFFICE USE ONLY:

- | | | |
|---|--|---|
| <input type="checkbox"/> Master Calendar (Binder) | <input type="checkbox"/> Email update (Calendar Changes Group) | <input type="checkbox"/> Website Manual Event |
| <input type="checkbox"/> SOM Calendar (Word) | <input type="checkbox"/> Email person, faculty, & accompanist | |
| <input type="checkbox"/> SOM Events (Outlook) | <input type="checkbox"/> Program printing | |