

School of Music
REQUIRED RECITAL APPROVAL FORM

After registering for the appropriate recital, take your proof of registration and this completed form to HFAC Scheduling, C-306 HFAC (inside de Jong north lobby), to schedule your required recital and receive your set-up packet.

*Performing your recital **this semester** is dependent upon passing your pre-recital hearing.*

Name _____ Phone # _____ Student ID _____

Email address _____ Best # to reach you
Name of private lesson teacher _____

Degree (circle one): MA MM BA BM Major & Emphasis: _____

Semester of Recital _____ Instrument _____

Recital	249	349	449	649	650,697B
(circle one)	Soph	Junior	Senior	Grad	Final Graduate

Solo or Group Recital? _____

If group recital, names of other participants _____

Please select the category that best describes the type of music to be performed in your recital. Circle or highlight only one.

Classical Jazz Musical Theatre/Broadway Pop/Commercial Music World Music

REQUIRED SIGNATURES

By signing this form, I acknowledge this student's eligibility to perform a recital during the requested semester.

*Printed Name of private lesson teacher,
composition instructor, or commercial
music faculty*

Signature

Date

HFAC Scheduling Representative

Date