RECITAL CANCELLATION OR CHANGE OF DATE APPROVAL FORM

This form must be submitted to HFAC Scheduling no less than 2 weeks before the scheduled recital.

Name: ____________________________  BYU ID #: ____________________________

Semester of Recital: ________________  Original Date of Recital: ________________
(indicate month and day)

Instrument: ________________________  Date Changed to: ________________________
(indicate if Composition major)  (indicate month and day)

Explanation for Change or Cancellation: ______________________________________

____________________________________________________________________________

Recital: (check one)

249 ____  349 ____  449 ____  649 ____  697B ____
(Sophomore)  (Junior)  (Senior)  (Graduate)  (Graduate)

PLEASE NOTE: Only one cancellation/reschedule or date change is permitted per semester.
Once this has occurred, you will have to wait until the next semester to have your recital. A medical emergency is the only exception.

APPROVAL: The student is approved to either cancel or change the date of the recital.

_____________________________  ____________________________  ____________
Faculty Instructor Signature  Printed Name  Date

_____________________________  ____________________________  ____________
HFAC Scheduling Secretary Signature  Printed Name  Date

Submit this completed form to HFAC Scheduling, C-306 HFAC.

Updated 5-13-2016