

School of Music
REQUIRED RECITAL APPROVAL FORM

After registering for the appropriate recital, take your proof of registration and this completed form to the Scheduling Office D-359 HFAC (inside Pardoe south 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 _____
Best # to reach you

Email address _____

Semester of Recital _____ Instrument _____
Indicate if Composition or Media Music major

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

REQUIRED SIGNATURES

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

Private Lesson/Composition Instructor or Media Music Div. Coordinator

Date

Studio Area Head / Division Coordinator

Date

HFAC Scheduling Representative

Date

RECITAL SCHEDULING PROCESS

Student gets **Approval Form** from studio instructor, Advisement Center, or the Music office; also receives the ***Required Student Recital Checklist sheets***

Student's **studio instructor & Division Coordinator/Area Head** signs the form, approving student to schedule a recital.

Student takes the **signed form to Advisement Center to flag** the recital class; **registers** for the appropriate recital at earliest convenience, **prints out proof** of registration.

Student takes **signed form and proof of registration to Scheduling** during priority recital scheduling; gets Scheduling signature, **schedules recital**, and gets **set-up packet**.

Scheduling keeps the Approval Form for its records.

Successful recital!