

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 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 _____

Best # to reach you

Email address _____

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

Semester of Recital _____ Instrument _____

Indicate if Composition or Commercial Music major

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

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.

Private Lesson/Composition Instructor or Media Music Div. Coordinator

Date

Studio Area Head / Division Coordinator

Date

HFAC Scheduling Representative

Date