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  Date

____________________________________________________
HFAC Scheduling Secretary  ________________

Submit this completed form to HFAC Scheduling, D-359D HFAC.