

## APPLICATION FOR A STUDENT RECITAL DATE

Student's Name \_\_\_\_\_ CPO \_\_\_\_\_

Specific Degree Program in Music \_\_\_\_\_

Medium (instrument or voice type) \_\_\_\_\_

Name of Accompanist (if applicable) \_\_\_\_\_

Accompanying instruments: \_\_\_\_\_

Type of Recital: (please circle appropriate answer)

Junior (1/2 recital—required) senior (full recital—required) optional

If 1/2 recital, please indicate name(s) of other performer(s) and the medium of performance.

Other performer(s) \_\_\_\_\_

Medium of performance \_\_\_\_\_

### PROPOSED DATES FOR RECITAL (INDICATE 3 DATES, IN ORDER OF PREFERENCE)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The student whose name appears above has my permission to perform a recital on any one of the three proposed dates.

Signature of Applied Teacher \_\_\_\_\_

Signature of Student Recitalist \_\_\_\_\_

Signature of Music Dept. Chairperson \_\_\_\_\_

**Approved Recital Date** (to be filled in by Dept Chair) \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED TO THE MUSIC DEPT. CHAIRPERSON BY APRIL 1 FOR FALL SEMESTER RECITALS AND BY NOVEMBER 1 FOR SPRING SEMESTER RECITALS.**

Signature of Collaborator \_\_\_\_\_

