

RECITAL AUTHORIZATION FORM

Music Department

Student Name _____ Music Concentration _____

Email _____ Class Standing _____

Phone _____ Instrument _____

Recital Type _____ Semester/Year _____
(Senior/Junior/Sophomore Recital;
Performance/Composition/Other)

Tentative scheduling preferences

	Venue	Date	Time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Signature of Major Teacher (plus committee members if recital fulfills MUS 490)

“My signature below confirms that I am available to attend any of the tentative recital date/times listed above”

Major Teacher *print* _____ *sign* _____

Committee Member *print* _____ *sign* _____

Committee Member *print* _____ *sign* _____

FOR EVENTS OFFICE USE ONLY Date scheduled _____ By? _____

Confirmed Recital Date/Time/Venue _____ at _____ in _____

Dress Rehearsal Date/Time _____ from _____ to _____

(2) Pianos Needed? _____ Piano Tuning needed? _____

Stage set-up rec'd _____ Recording Request rec'd _____