Student Name ____________________________________ Instructor’s Name __________________________
Major/Option ___________________________________________________________________________________

☐ Music Ed Student Recital ☐ Jr. Recital ☐ Sr. Recital ☐ Vocal ☐ Instrumental
Instrument or Voice Part ____________________________________________________________
Date of Recital: __________________________ Venue: __________________________________________
Time in: ______________ Time out: _____________ ☐ Room Scheduled
Actual Recital Start Time: ______________________

IF you are doing your recital off-campus, you are responsible for scheduling the venue for recital and dress
rehearsal and for any rental costs for that facility.

☐ Recital Hearing scheduled (voice students) If your recital is postponed as a result of your Recital Hear-
ing, inform the Publicist/Events Coordinator ASAP.
Room: __________ Date: __________ Time __________

☐ Dress Rehearsal - ☐ Room Scheduled
Room: __________ Date: __________ Time in: __________ Time out: __________
I have approved the dates and times for the recital hearing and dress rehearsal:
Initials __________ (Instructor) ____________________________________________

☐ Accompanist scheduled for rehearsal and recital: ____________________________________________
I have approved the dates and times for the recital, hearing and dress rehearsal:
Initials: __________ (Accompanist) ____________________________________________

If you are doing a joint recital with another student please list that student below:
________________________________________________
Each student must fill out and return an application form, even if you are sharing a recital.

In most cases, senior recitals are to be scheduled for winter quarter.
Junior recitals are to be scheduled for spring quarter.

Return completed application forms to:
Zachary Person, events coordinator, Benton Hall 113B

Date this completed form was received by Zachary Person: __________________