

Student (Non-Degree) Recital Application

Name _____ TUid _____

Instrument/Voice Type _____ Major _____

Private Teacher _____

Recital Semester _____ Today's Date _____

(Leave blank)

Date rec'd: _____
Recital date: _____
Time: _____
Hall: _____

E-mail address: _____

Permanent Address: _____

City _____ Zip _____

Phone (____) _____

School-year Address: (if different) _____

City _____ Zip _____

Phone (____) _____

REQUIRED SIGNATURES	
_____ Private Teacher / Sponsor	_____ Date
_____ Department Chair	_____ Date
_____ Assistant Director of Advising	_____ Date
_____ Associate Dean	_____ Date

Scheduling:

Non-degree recitals are presented Monday-Friday at 4:00PM and 5:30PM, as available. Please indicate your preferences to assist in the scheduling of your recital. Be certain to consider the availability of your teacher, family, and fellow students.

Preferred recital time (please circle): 4:00PM 5:30PM

Preferred day(s) of the week (please circle): M T W Th F

Preferred month: _____

Days to avoid / any further information: _____

Instructions:

- Please complete the repertoire and personnel list attached to this sheet.
- The form will only be accepted with all relevant approval signatures. The signature of your private teacher and Department Chair signifies that they have reviewed and approved your recital program.

DVD Policy:

We cannot guarantee the quality of the recital DVD's as they are recorded solely for adjudication purposes. Should you like a professional video recording please hire your own videographer. We are able to provide you with contact info for several videographers. However, provided there are no technical malfunctions, we would be happy to provide you with one free copy of your recital DVD. Please stop by the main office in Presser Hall at least two days after your recital to pick this up.

Please return to Jason Horst (Rock Hall, Room 117)

