RECITAL REQUEST FORM

Application Date: __________________________

A completed RECITAL REQUEST FORM is required of all undergraduate and graduate students who plan to give a Solo or Joint Recital at Radford University. The tentative date of the Recital and Recital Hearing, along with rehearsal times for each, must be reserved during the semester prior to the semester in which the Recital and Recital Hearing will occur.

NAME OF STUDENT

________________________________________

________________________________________

INSTRUMENT OR VOICE

ACCOMPANIST

________________________________________

Students pay for their Accompanist – Applied Teacher has form.

Recital Hearing must be held at least four (4) weeks prior to the Recital Date.

RECITAL:

Date: ______ Time: ______

Place: ______________________

RECITAL HEARING:

Date: ______ Time: ______

Place: ______________________

Students provide THEIR OWN PAPER for their Recital Program to be printed on. Student Recital Programs must be emailed to musicws@radford.edu ONE WEEK before their Recital.

HEARING APPROVAL—Signature indicates approval to have hearing on date indicated above.

Applied Teacher: ________________________ Date: ____________Signature: ________________________

Hearing Committee: ________________________ ________________________ ________________________ ________________________ ________________________ ________________________

PERFORMANCE APPROVAL—Signature indicates the student is permitted to move forward with performance planning.

Applied Teacher: ________________________ Date: ____________Signature: ________________________

Hearing Committee: ________________________ ________________________ ________________________ ________________________ ________________________ ________________________

RECITAL SCHEDULING COMPLETION DATE:

(Chairman signature and date)

Note: Recital Posters must be approved by the department chairman and have the RU Music Department logo.