Rev. 8/27/25

**RECITAL REQUEST FORM**

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**:   
(Note: Students pay for their accompanist- Applied teacher has the form)

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

**Recital Date:**

**Recital Time:**

**Recital Place:**

**Recital Hearing Date:**

**Recital Hearing Time:**

**Recital Hearing Place:**

**HEARING APPROVAL:** Signature indicates the student is permitted to move forward.

**Applied Teacher’s Name**:

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hearing Committee Member**:

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hearing Committee Member**:

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hearing Committee Member**:

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECITAL SCHEDULING COMPLETION DATE** (Chair signature and date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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