

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	

<i>Students pay for their Accompanist – Applied Teacher has form.</i>	

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

RECITAL:	RECITAL HEARING:
Date: _____ Time: _____	Date: _____ Time: _____
Place: _____	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.

	Date	Signature
Applied Teacher: _____	_____	_____
Hearing Committee: _____	_____	_____
_____	_____	_____
_____	_____	_____

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

	Date	Signature
Applied Teacher: _____	_____	_____
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.