

# STUDENT RECITAL REQUEST FORM

Student's Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Year: Senior  Junior  Sophomore  Freshman   
 Instrument: \_\_\_\_\_  
 Major: \_\_\_\_\_  
 Major Professor: \_\_\_\_\_

Is this recital a requirement for graduation? Yes  No   
 Are you registered to do a recital through YES? Yes  No

|                   | Date | Time(s) | Hall |
|-------------------|------|---------|------|
| <b>1st Choice</b> |      |         |      |
| <b>2nd Choice</b> |      |         |      |
| <b>3rd Choice</b> |      |         |      |

Length of Program: \_\_\_\_\_ *Must be under 70 minutes, including breaks.*

Will you be hosting a reception afterwards? Yes  No

What instrumentation is involved and what are your set-up requirements?  
 \_\_\_\_\_

**Please read the following policies regarding student recitals. Sign below where it says *Student's Signature* stating that you understand these policies and that you have read the Student Recital Handbook.**

You must pass your hearing NO LATER THAN 3 weeks prior to your recital.

*\*Failure to pass hearing by deadline will result in the cancellation of the recital.*

You must submit your technical requests to John Sevier at least 4 weeks prior to your recital.

If your recital is REQUIRED, you must submit your program 3 weeks prior to your recital to Heather White.

If you must cancel your recital, you must contact the Operations Supervisor IMMEDIATELY - Time is limited in the halls and there may be someone waiting for an opening. Please note that no one is allowed to swap times, all cancellations & reservations must go through the Operations Supervisor.

Students are allotted 2 hours of rehearsal time in the performance halls in preparation for a recital. (as calendar allows)

Students are permitted ONE rescheduling of recital, rehearsal or hearing. The request must come from the professor.

Student's Signature: \_\_\_\_\_  
*Signature* *Date*

Approval of Major Professor: \_\_\_\_\_  
*Signature* *Date*

Dead Week/Finals Week Approval: \_\_\_\_\_  
*Signature (Dean Biddlecombe)* *Date*

Please return this form to the Events Coordinator, Heather White, via email - [heather.d.white@vanderbilt.edu](mailto:heather.d.white@vanderbilt.edu)