## STUDENT RECITAL REQUEST FORM

Student's Name:			
Email:			
Phone:			
Year:	Senior Junior	Sophomore Fre.	shman
Instrument:		_	_
Major:			
Major Professor:			
Is this recital a requ	irement for graduation?	Yes No No	
Are you registered t	to do a recital through YES?	Yes No No	
	Date	Time(s)	Hall
1st Choice			
2nd Choice			
3rd Choice			
Length of Program:	Must be under 70 minutes, including breaks.		
Will you be hosting	a reception afterwards?	Yes No No	
What instrumention	n is involved and what are your	set-up requirments?	
	following policies regarding stu g that you understand these poli Hand	icies and that you have rea	<u> </u>
•	You must pass your hearing NO LATE	R THAN 3 weeks prior to your r	ecital.
	Failure to pass hearing by deadline will		
	submit your technical requests to Joe	-	
You mus	st submit your completed program 3 v	veeks prior to your recital to Re	ebecca Nichols.
	recital, you must contact Heather Whi an opening. Please note that no one is go through the Events Coo	s allowed to swap times, all cand	
Students are alloted 2	hours of rehearsal time in the perform	nance halls in preparation for a	recital. (as calendar allows)
Students are permitte	ed ONE rescheduling of recital, rehear	sal or hearing. The request mus	st come from the professor.
Stı	ıdent's Signature:		
	Signature		Date
Approval of	f Major Professor:		
	Signature		Date
Dead Week/Final	s Week Approval:  Signature (A		
	Signature (A	ssociate Dean Riddlecomh	e) Date

Please return this form to the Events Coordinator, Heather White, via email - <a href="mailto:heather.d.white@vanderbilt.edu">heather.d.white@vanderbilt.edu</a>