STUDENT RECITAL REQUEST FORM

Student's Name: _____

Email Address: _____

Phone Number: _____

Year: *Senior* ☐ *Junior* ☐ *Sophomore* ☐ *Freshman* ☐

Major Instrument: _____

Academic Major: _____

Major Professor: _____

Will you be registered in Yes to do a degree required recital during the semester you're requesting? Required recitals must register prior to the drop period. **Yes** ☐ **No** ☐

	Date	**Time**	**Hall**
1st Choice			
2nd Choice			
3rd Choice			

What type of recital support category are you requesting? **Fully Supported** ☐ **Self -supported** ☐

Length of Program: _____ *Must be under 70 minutes, including music, breaks, speeches, and encores.*

Will you be hosting a post-recital reception? *(fully supported recitals only)* **Yes** ☐ **No** ☐ **Undecided** ☐

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.

1. ☐ 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.*
2. ☐ You must submit your recital tech form at least 4 weeks prior to your recital and schedule your pre-recital production meeting *(only applicable to fully supported recitals)*.
3. ☐ You must submit your recital program information form at least 3 weeks prior to your recital *(only applicable to fully supported recitals)*.
4. ☐ If you must cancel your recital, you must contact 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 as all cancellations & reservations must go through the Operations Supervisor.
5. ☐ Students are permitted ONE rescheduling of recital, rehearsal, or hearing for a legitimate reason, as defined in the Student Recital Handbook. The rescheduling request must come from their professor.

Student's Signature: _____ *Signature* _____ *Date*

Approval of Major Professor: _____ *Signature* _____ *Date*

Dead Week/Finals Week Approval: _____ *Signature (Associate Dean Biddlecombe)* _____ *Date*

Please return this form to Heather White via email – heather.d.white@vanderbilt.edu