

STUDENT RECITAL REQUEST FORM

Today's Date _____

PLEASE PRINT CLEARLY

Student Name _____

Telephone _____

Instrument/Voice _____
(voice indicate soprano, mezzo-soprano, alto, tenor, bass)

E-mail _____
(date/time conflicts and final confirmation will be communicated to you via email)

Studio Teacher _____

Special Requirements: _____ Harpsichord (n/a in Diers) _____ Two Pianos _____ Other:

Note: Student recitals in Rosch will use Piano #1 unless other arrangements are made with Piano Technician well in advance.

Piano Majors Only: _____ Piano #1: 2006 (green cover) _____ Piano #2: 1916 (black cover)

Check if applicable: _____ Performer's Certificate Recital

If one of the descriptions below fits your recital, please check the box, and then you may schedule your recital in **ROSCH RECITAL HALL**. Pianists and percussionist may schedule any of their recitals in Rosch. No recital may last more than 75 minutes (from start to finish) past its scheduled start time.

- Graduate Recital (45-55 minutes of music)
- Senior Performance Recital (45-55 minutes of music)
- 2nd Performer's Certificate Recital (45-55 minutes of music)
- Honors Graduation Recital/Senior Composition Recital (35-45 minutes of music)
- Graduation Recital (25-35 minutes of music)

If your recital is of any other type, please check the box, you must schedule your recital in **DIERS RECITAL HALL**.

- 1st Performer's Certificate Recital (45-55 minutes of music)
- Junior Performance Recital (35-45 minutes of music)
- Non-mandated Recital (15-20 minutes of music)

First Choice:

Day of Week _____

Date ____/____/____ (mm/dd/yyyy)

- | | <u>Rosch</u> | <u>Diers</u> |
|-------|---|--|
| Time: | <input type="checkbox"/> 12:00p (Sat/Sun) | <input type="checkbox"/> 1:00p (Sat/Sun) |
| | <input type="checkbox"/> 2:00p (Sat/Sun) | <input type="checkbox"/> 3:00p |
| | <input type="checkbox"/> 4:00p | <input type="checkbox"/> 5:00p |
| | <input type="checkbox"/> 6:00p | <input type="checkbox"/> 7:00p |
| | <input type="checkbox"/> 8:00p | |

Second Choice:

Day of Week _____

Date ____/____/____ (mm/dd/yyyy)

- | | <u>Rosch</u> | <u>Diers</u> |
|-------|---|--|
| Time: | <input type="checkbox"/> 12:00p (Sat/Sun) | <input type="checkbox"/> 1:00p (Sat/Sun) |
| | <input type="checkbox"/> 2:00p (Sat/Sun) | <input type="checkbox"/> 3:00p |
| | <input type="checkbox"/> 4:00p | <input type="checkbox"/> 5:00p |
| | <input type="checkbox"/> 6:00p | <input type="checkbox"/> 7:00p |
| | <input type="checkbox"/> 8:00p | |

Does either date/time conflict with any other activity or event? If so, which date has the conflict, and what is the conflict?

Date: _____ Conflict: _____

Student's Signature: _____

Studio Teacher Approval:

- The above conflict (if any) has been approved by all parties. Studio Teacher's initials _____ [check here if NO CONFLICT]
- I confirm that the information presented on this form is accurate and that the dates as proposed are appropriate.

Studio Teacher's Signature _____ Date _____

DO NOT SIGN A BLANK FORM

For Office Use Only:

Date Received:

_____ EMS

_____ Piano Tech

_____ PC

_____ Confirm #

If Conflict:

Date e-mailed _____