



**STUDENT DEGREE RECITAL PLANNING FORM**

***All sections of this form must be accurately completed and signed by your Applied Studio Teacher prior to your scheduling appointment. This form is due at the time of your scheduling appointment.***

**FAILURE TO PRODUCE THIS FULLY COMPLETED, AND SIGNED, FORM WILL RESULT IN YOUR SCHEDULING APPOINTMENT BEING CANCELLED AND NOT RESCHEDULED UNTIL THE COMPLETED PAPERWORK IS PRODUCED.**

***Student Information*** (Please print clearly and legibly)

**Name:** \_\_\_\_\_ **Instrument/Voice:** \_\_\_\_\_

**Applied Faculty:** \_\_\_\_\_

**Requested Recital:** DMA/MM Sr Full Sr Half Jr Half **Pianist/Collaborator:** \_\_\_\_\_  
(Circle)

**Phone Number:** \_\_\_\_\_ **E-Mail (University) Address:** \_\_\_\_\_

**Preferred Hall:** Forbes Recital Hall Anthony Seeger Auditorium  
(Circle)

**Preferred Dates:** 1) \_\_\_\_\_

(Check available times for the dates you choose) 2) \_\_\_\_\_

3) \_\_\_\_\_

**Preferred Times:** Forbes: \_\_\_\_\_ Anthony-Seeger: \_\_\_\_\_  
(Circle)

**PLEASE BE AWARE THAT YOUR PREFERRED DATES ARE TO HELP IN THE SCHEDULING PROCESS AND ARE NOT GUARANTEED. IT IS POSSIBLE THAT THOSE DATES WILL BE TAKEN BY YOUR SCHEDULING APPOINTMENT, SO BE AS FLEXIBLE AND PATIENT AS POSSIBLE. DISCUSS ABSOLUTE BLACKOUT DATES WITH YOUR FAMILY AND PROFESSOR BEFORE COMING TO YOUR APPOINTMENT.**

(see back)

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*The dates and times listed above are available for scheduling based on the availabilities of: myself, my applied professor, my accompanying performer(s), and my family. The date confirmed at the time of my Scheduling Appointment cannot be changed without the approval of the Forbes Production Crew & my applied professor, and with what is determined a legitimate reason by each.*

By signing below, I have read the paragraph above regarding the Student Degree Recital scheduling process and will be held responsible for any changes herein.

Student's Name (print): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*I approve the above student's intent to perform the selected type of recital. I have discussed the preferred dates with the student and have made clear when I am unavailable.*

Teacher's Name (print): \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Dates/Times to be avoided (and other notes):

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