RECITAL/PROJECT REQUEST FORM

Please complete ALL of the requested information. Return this form to your applied teacher *ONLY AFTER YOU HAVE ACCQUIRED ALL OF THE REQUIRED SIGNATURES.* Be sure to check the availability of your recital and hearing locations (Harrison Auditorium at Giles Architecture Building, First Baptist Church, Chapel of Memories, Band/Choral Rehearsal Hall, etc.) and the Department of Music calendar, as to avoid conflicting music events, BEFORE listing a proposed recital date.

Name:	Date		20		
Classification (circle one):	☐ Graduating Senior		ior		
Applied Teacher:					
Proposed Recital Date: Proposed Project Presentation Date: Day of the Week		Month	Date	Year	Time
Proposed Hearing Date: Proposed Project Abstract	Date: Day of the Week	Month	Date	Year	Time
Proposed Dress Rehearsal	Date:	Month	Date	Year	Time
Committee Members:	·				
Applied Teacher's Name		Signature			
Committee Member's Name		Signature			
Committee Member's Name		Signature			
Collaborating Pianist:					
Name		Signature			
Recital Location: Project Presentation Location:	Harrison Auditorium	First Baptist C	hurch	Other	
Hearing Location:	Harrison Auditorium	First Baptist C	Church	Other	
Dress Rehearsal Location:	Harrison Auditorium	First Bantist (Church	Other	