Please complete ALL of the requested information. Return this form to your applied teacher **ONLY AFTER YOU HAVE ACQUIRED 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  ☐ Senior

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: ________________________________

Committee Members:

Applied Teacher’s Name  Signature

Committee Member’s Name  Signature

Committee Member’s Name  Signature

Collaborating Pianist:

Name  Signature

Recital Location: Harrison Auditorium  ☐  First Baptist Church  ☐  Other  ☐
Project Presentation Location: Harrison Auditorium  ☐  First Baptist Church  ☐  Other  ☐
Hearing Location: Harrison Auditorium  ☐  First Baptist Church  ☐  Other  ☐
Dress Rehearsal Location: Harrison Auditorium  ☐  First Baptist Church  ☐  Other  ☐