REQUEST FOR MUSIC RECITAL

*Once you are registered for the class (MUS 490 or 491), complete this form.

Senior Recital Junior Recital

PLEASE PRINT LEGIBLY

Today's Date (month, day, year)				
Name Signature				
SSU ID				
Name of other Senior officially sharing this Joint Recital with you (if applicable)? *note: Due to Covid-19 pandemic, student may not appear on camera together. Other Student's Signature				
DEGREE PROGRAM RECI	TAL REQUIREMENT	S (Check one)		
☐ B.M. JAZZ STU☐ B.M. MUSIC E	DIES – Full or Joint I DUCATION – Joint R	Recital required (regise ecital required (registe	r 3 units of MUS 491) ster for 2 units of MUS 490) ser for 1 unit of MUS 491) uired (register for 2 units of MUS 490)	
Joint Recitals are approxi Full Recitals	are approximately 6	60 minutes of music	r otal (music, intermission, etc.)	
DATE AND VENUE Requested Recital Day an Requested Recital Time (o 2:00 PM matinee			PM evening	
Requested Recital Venue	(check one)			
☐ Live online event				
☐ I will submit a reco	ording			
Program Description: —				
Performers/Accompanist				
Requested Recital <u>Hearin</u> Student is responsible for place at least 4 weeks pri	scheduling the Reci	tal Hearing Venue. Re	_	
REVIEW AND APPROVAL <u>Your recital is</u>			all four are obtained.	
1.	DATE:	2.	DATE:	
*Music Faculty Program [Director	*Private Lesso	n Instructor	
3.	DATE:	4.	DATE:	
Production Manager		Music Departr	Music Department Chair	

^{*}by signing, you are agreeing to attend and grade the recital using the Senior Recital Evaluation Form (found online). You are also agreeing to attend the Recital Hearing.