Recital Date Request Form

THIS FORM SHOULD BE RECEIVED IN MUSIC ROOM 120 NO LATER THAN 30 DAYS PRIOR TO YOUR EVENT FOR SCHEDULING TO BE FINALIZED.

**CONTACT INFORMATION**

Contact Name: ____________________________
Organization/Ensemble (if applicable): ____________________________
Venue: (Circle one) Harris Psych Aud Classroom
Off Campus (please provide street address): ____________________________
Date Request Submitted: ____________________________

**EVENT INFORMATION**

Performance □

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<th>Degree</th>
<th>Recital □</th>
<th>Junior □</th>
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<td>Artist (Senior)</td>
<td>□</td>
<td>Masters □</td>
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<td>DMA</td>
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<td>Artist Diploma □</td>
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Non-Degree Recital □

1st Choice Event Date ____________________________

2nd Choice Event Date ____________________________

Title: ____________________________
Brief Description (optional): ____________________________

Available only for Harris or Psych Aud Performances
Audio Recording Y N

Available only for Harris Performances:
Video Recording Y N

Other: (Please specify) ____________________________
Event Time ____________________________

**INSTRUMENTATION**

Recitalist’s Instrument (vocalists please list type – e.g. soprano, tenor…)
Piano Requested (Check one if applicable) ____________________________
Grand Piano: ____________________________
Upright Piano: ____________________________
Yamaha Piano (Harris only): ____________________________
Steinway Piano (Harris only): ____________________________

Harpischord (Requires Signature of Mary Carter for approval)

**FACULTY APPROVAL (NOT REQUIRED FOR REHEARSAL REQUESTS)**

Instructor’s Name (please print) ____________________________
Instructor’s Signature ____________________________

**REQUIRED FOR DMA RECITALS ONLY**

Please note: Names of committee members must be verified by the Graduate Office, Music Rm 121, then students must obtain each committee member’s approval before request can be processed and a date assigned. (Not required for rehearsal requests.)

Graduate Office Approval ____________________________ Date ______________

Chair ____________________________ Signature ____________________________ Date ______________
Member ____________________________ Signature ____________________________ Date ______________
Member ____________________________ Signature ____________________________ Date ______________
Member ____________________________ Signature ____________________________ Date ______________
Member ____________________________ Signature ____________________________ Date ______________

**MEMPHIS**

