

COLORADO MESA UNIVERSITY DEPARTMENT OF MUSIC

STUDENT REQUEST FOR RECITAL: SENIOR JUNIOR (circle one)

Name: \_\_\_\_\_

Major: \_\_\_\_\_

Applied Teacher: \_\_\_\_\_

Accompanist's Name: \_\_\_\_\_

Accompanist's Signature verifying commitment to the date(s) below \_\_\_\_\_

**NOTE: Your recital WILL NOT be scheduled until an accompanist has been secured.**

Semester/Year Requesting: \_\_\_\_\_

Choose three dates in order of preference \_\_\_\_\_ Date Available on Calendar?

First Choice: \_\_\_\_\_ Accompanist's initials \_\_\_\_\_ Yes No

Second Choice: \_\_\_\_\_ Accompanist's initials \_\_\_\_\_ Yes No

Third Choice: \_\_\_\_\_ Accompanist's initials \_\_\_\_\_ Yes No

**Recital Approval: (signed off in this order)**

Signature of Applied Teacher \_\_\_\_\_

Signature of Area Coordinator \_\_\_\_\_

Signature of Department Head \_\_\_\_\_

**Faculty who oversees recording and approved concert list has been contacted?**

**NOTE: Once a recital date has been approved, students may not change the date without the approval of the faculty. Submit a new form to request a date change.**