



SOLO RECITAL REQUEST FORM

Name _____ Requested Recital Date _____

Recital Location _____
Students requesting to perform at the Etherredge Center must confirm availability of the facilities with Jane Schumacher.

Recital Committee _____ (full-time faculty member)
_____ (applied instructor)
_____ (faculty member of student's choosing)
Members of the Recital Committee must sign this form.

Recital Hearing Date _____ Passed/Failed _____

If failed, next hearing date is _____ Second Hearing – Passed/Failed _____

REPERTOIRE

<i>Title</i>	<i>Composer</i>	<i>Approximate duration</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A complete list of suggested recital procedures is available at www.usca.edu/visualandperformingarts.

Return the completed form to your advisor.