

Music & Theatre Arts Department

Recital Scheduling Form

NAME _____

ID # _____ E-mail: _____

Instrument or Voice Part: _____

Is this a joint recital? No Yes - With whom? _____

Recital Date: _____

Time: 5:00 pm 7:30 pm (*degree recitals for performance majors*)

Recital Location: Phillips Gantner

Semester: Fall 20____ Spring 20 ____

Course #: 297 397 497 No. of Credits _____

<p><i>Approval of this recital date/time/location, and authorization for preassignment.</i></p>	
_____	_____
Applied Instructor's signature	Date
Instructor E-mail: _____	

Attach a draft of your recital program.

Return this form to Department Office, HFA 156.

Please Note: A recital date is only tentatively scheduled on the Department calendar until the student has registered for the recital (MUSI 297/397/497).



FOR OFFICE USE:

- Recital Scheduling Form approved/signed by instructor
- Draft program attached
- Preassignment entered
- Recital date entered on Department calendar
- Recital date entered on UWEC Web site
- Student is registered