



SCHOOL OF MUSIC

Recital Hearing Form

STUDENT NAME: _____

DATE OF RECITAL: _____ TIME: _____

Hearing Approved? ☐ YES ☐ NO RECITAL COMMITTEE CHAIR INITIALS _____

Program Approved? ☐ YES ☐ NO RECITAL COMMITTEE CHAIR INITIALS _____

STAGE MANAGER (student to be selected by performer): _____

RECITAL COMMITTEE CHAIR SIGNATURE: _____

KEYBOARD INSTRUMENTS:

☐ Steinway ☐ Kawai ☐ Harpsichord ☐ Organ ☐ Other _____

Is multimedia equipment required? ☐ YES ☐ NO

If yes, please provide details of any electronics, antiphonal performers, performer movement, etc.:

Is sound reinforcement needed? ☐ YES ☐ NO

If yes, please provide details of what sources need amplification, monitors needed, etc.:

**RETURN THIS COMPLETED FORM TO RECITAL COORDINATOR
IMMEDIATELY FOLLOWING THE RECITAL HEARING**

IF YOU DO NOT RETURN THIS FORM, YOU CANNOT GIVE YOUR RECITAL