

**Recital Confirmation Form**

Name: NU ID#:

UNO email: Phone:

Applied Instructor: Instrument:

## MAJOR

□ Bachelor of Arts □ Bachelor of Music – Perf. □ Bachelor of Music – Ed. □ Master of Music

## TYPE OF RECITAL

□ Non-Degree □ Junior □ Senior □ Graduate

Is this a joint recital? □ YES □ NO If yes, provide the name of the student:

**RECITAL HEARING PROPOSED DATE:** (held at least two weeks before the recital)

 at

in

OPERATIONS STAFF INITIALS:

(Date) (Time) (Room)

## RECITAL PROPOSED DATE:

 at

in

OPERATIONS STAFF INITIALS:

(Date) (Time) (Room)

## FACULTY RECITAL COMMITTEE:

I will attend the hearing and the recital at the appointed dates and times.

Committee Member 1: Applied Instructor Date

Committee Member 2 Date

Committee Member 3 Date

# \*\*RETURN THIS COMPLETED FORM TO THE OPERATIONS STAFF\*\*