

**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 PROPOSED DATE:

 at

in Recital Hall

OPERATIONS STAFF INITIALS:

(Date) (Time) (any other space by special request only)

**PLEASE BE ADVISED:** Your recital hearing and dress rehearsal dates still need to be scheduled. Contact the Operations Assistant to schedule times.

Recital hearings need to be held **at least** two weeks prior to your recital date. Hearings can be held in any room, or your applied professor’s office. **At least two** of your committee members must be present.

Dress rehearsals in the recital hall are scheduled on a first-come, first-serve basis. Your applied professor will likely want to be present at this rehearsal.

## 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\*\*