

Student Recital Request Application

Fall Deadline - Oct. 9; Spring Deadline - Feb. 5

Name: _____ Instrument/Voice Type: _____
 Email: _____ Teacher Contact Email: _____

- | | | |
|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Junior | Equipment: <input type="checkbox"/> Piano {specify} _____ | Audio Recording: <input type="checkbox"/> Yes |
| <input type="checkbox"/> Senior | <input type="checkbox"/> Harpsichord _____ | <input type="checkbox"/> No |
| <input type="checkbox"/> Artist Diploma | <input type="checkbox"/> Chairs {number} _____ | <i>{If yes, please read and sign</i> |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Stands {number} _____ | <i>recording disclaimer}</i> |
| <input type="checkbox"/> DMA | <input type="checkbox"/> Microphone _____ | |

Other Information:
<small>Students may borrow a camera from Media Services to video record their recital; fill out the request form at www.su.edu/library/media to request a camera. Please submit any requests to Media Services at least two weeks prior to your recital.</small>

Accompanist{s}:
Supporting Musicians:

{Fill in the date; Do not mark box}

Initial Recital Date: _____ **Time:** _____ **to** _____ **Venue:** _____

Alternate Date: _____ **to** _____
{This date will be used ONLY should your initial recital date be in conflict with another Conservatory Event}

Dress Rehearsal Date: _____ **to** _____

<i>RECITAL APPROVAL</i>

 APPLIED TEACHER {RECITAL CONTACT}

Conservatory Office Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No {Reason: _____}
Approved by: _____ Date: _____