Junior/Senior Recital Request - Form 2

This form will book the hearing and dress rehearsal date. You will receive an e-mail confirmation when booked. Please submit this request (with signatures) to the MUBLDG Room 143 or via email to the Music Department (music@una.edu).

All proficiency exams must be completed before the Senior Recital hearing.

| Student Name (print): | UNA E-mail: | | |
|--|---|-------------------------|---|
| Recital Date: | Time: | Location: | |
| Degree Completing: | | | |
| FACILITY REQUEST: | | | |
| Hearing | | | |
| Date: | | Time: | |
| Music Building Recital Hall 20 Other Location (Please specif | y): | uilding Choral Room 14 | 16 |
| Dress Rehearsal | | | |
| Date: | | Time: | |
| Music Building Recital Hall 20 | 09 Music B | uilding Choral Room 14 | 16 |
| Other Location (Please specif | ·y): | | |
| Music administrative assistant bef | ore the recital hearing out to the pianist for th | g takes place. No excep | arium is due to the Department of tions! This must be paid in the form inior Recital \$200.00, Senior Recital |
| I understand my responsibilities fo | r the collaborative pia | nist honorarium. | (initial here) |
| Your signatures confirm that you are | agreeing to be present | at the recital hearing. | |
| Student: | Cı | ollaborative Pianist: | |
| Committee Members: | | | |

^{**} Program information is due 72 hours after scheduled hearing date; otherwise, the recital will be canceled**