

CoFAC Recital Hall
Western Illinois University School of Music
STUDENT COMBINED RECITAL PRE-AUTHORIZATION FORM
Junior performance and all other non-performance students and groups

Please bring this completed AND SIGNED form to the recital hall office when you come to schedule your recital. A reservation will not be made without required signatures on this form. The full year's calendar will be posted on Joanie Herbert's door (Recital Hall lobby) and School of Music front desk when classes begin and throughout recital scheduling days. It is also found online at wiu.edu/recitalhall, click the "More Events" link under the Events listing on the main page and choose the month you'd like to check. You will receive all other pertinent forms upon confirmation of your recital date. Email Joanie at je-herbert@wiu.edu, or visit my office in the Recital Hall lobby, if you have any questions.

TWO STUDENTS OR MORE; MUSIC NOT TO EXCEED 90 MINUTES

Name (designated contact):		Today's date:	
Instrument or voice part:		Fr ___ So ___ Jr ___	
Applied professor:		Major:	
Telephone:		E-mail:	
Degree Required ___ Optional ___		Degree: B.A. ___ B.M. ___ M.M. ___	
Name:		Today's date:	
Instrument or voice:		Fr ___ So ___ Jr ___	
Applied professor:		Major:	
Telephone:		E-mail:	
Degree Required ___ Optional ___		Degree: B.A. ___ B.M. ___ M.M. ___	
If there are more students, please use the additional page of this form.			

Time & Date Choices: Please enter 3 preferences in 1,2,3 order. Note that not all times will work on any given day due to previously scheduled performances or rehearsals on the same day.

Available times (if calendar permits):

- Weeknights 5pm or 7:30pm
- Weekends 11am, 1pm, 3pm, 5pm or 7:30pm

	Day	Date	Time – 11:00, 1:00, 3:00, 5:00, 7:30
1			
2			
3			

Signatures (required BEFORE recital is scheduled):

☐ (for non-group recitals) We accept the responsibility of scheduling a pre-recital hearing to be held at least 4 weeks before this recital date. We understand that this recital is tentative pending the outcome of this hearing.

Student

Student

Applied Professor

Applied Professor

Faculty Advisor (student organizations)

Student groups-please designate ONE CONTACT PERSON for all correspondence. Thanks!

Group recital participant information (attach another copy, if needed):

Name:		Today's date:	
Instrument or voice:		Fr__ So__ Jr__ Sr__ Gr__	
Applied professor:		Major:	
Telephone:	E-mail:		
Signature:	Degree: B.A.____ B.M.____ M.M.____		
Name:		Today's date:	
Instrument or voice:		Fr__ So__ Jr__ Sr__ Gr__	
Applied professor:		Major:	
Telephone:	E-mail:		
Signature:	Degree: B.A.____ B.M.____ M.M.____		
Name:		Today's date:	
Instrument or voice:		Fr__ So__ Jr__ Sr__ Gr__	
Applied professor:		Major:	
Telephone:	E-mail:		
Signature:	Degree: B.A.____ B.M.____ M.M.____		
Name:		Today's date:	
Instrument or voice:		Fr__ So__ Jr__ Sr__ Gr__	
Applied professor:		Major:	
Telephone:	E-mail:		
Signature:	Degree: B.A.____ B.M.____ M.M.____		
Name:		Today's date:	
Instrument or voice:		Fr__ So__ Jr__ Sr__ Gr__	
Applied professor:		Major:	
Telephone:	E-mail:		
Signature:	Degree: B.A.____ B.M.____ M.M.____		
Name:		Today's date:	
Instrument or voice:		Fr__ So__ Jr__ Sr__ Gr__	
Applied professor:		Major:	
Telephone:	E-mail:		
Signature:	Degree: B.A.____ B.M.____ M.M.____		
Name:		Today's date:	
Instrument or voice:		Fr__ So__ Jr__ Sr__ Gr__	
Applied professor:		Major:	
Telephone:	E-mail:		
Signature:	Degree: B.A.____ B.M.____ M.M.____		