

WESTERN ILLINOIS UNIVERSITY/SCHOOL OF MUSIC Student Recital Hearing Form

(complete both pages of this form)

Junior Recital _____ Graduate Recital _____

Non-degree Recital _____ Honors Recital _____

Name _____ Phone _____

E-mail _____ Instrument/Voice Part _____

Proposed Recital Date _____

NOTE: This completed and signed form is due in the Recital Hall Office three weeks prior to your proposed recital date. In order to meet the required deadline, the recital hearing/preview must be scheduled to take place at least **four weeks prior to the proposed recital date**. ***You may NOT change the repertoire once you've successfully completed the hearing process.

Recital Preview Date _____ Time _____ Location _____

We certify that we were in attendance at the recital preview listed above, and that we have approved this recital for presentation. (A minimum of three faculty members must be present at the recital preview).

Applied Professor

Committee Member

Committee Member

Committee Member

Accompanist's Signature (if any)

Recital Hall Manager's Signature

(after form is complete)

Title (include all movements or selections, etc.)	Composer & Dates

