

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. You may look at the Recital Hall/School of Music Google calendar with your professor, who has access to it. 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 ___ Sr ___ | |
| Applied professor: | | Major: | |
| Telephone: | | E-mail: | |
| Degree Required ___ Optl ___ | | Degree: B.A. ___ B.M. ___ M.M. ___ Honors ___ | |
| | | | |
| Name: | | Today's date: | |
| Instrument or voice: | | Fr ___ So ___ Jr ___ Sr ___ | |
| Applied professor: | | Major: | |
| Telephone: | | E-mail: | |
| Degree Required ___ Optl ___ | | Degree: B.A. ___ B.M. ___ M.M. ___ Honors ___ | |
| 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/Advisor

Applied Professor/Advisor

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. ___ | |
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