

TEACHER APPROVAL FOR SENIOR RECITAL

Name _____

Date Submitted _____

Degree _____

Major _____

Proposed Recital Date _____

Preferred Time _____

Preferred Time _____

Length of Program: _____ minutes

Preferred Time _____

Repertoire:

Pianist Name _____

Pianist Signature _____

NOTE: Pianist's signature indicates approval; an email with confirmation is required when signature is missing.

Collaborating Musicians

Applied Teacher Approval

Signature of Studio Teacher _____

The student must submit this form to the Music Office when reserving a recital date.

If this recital is longer than required, has faculty permission been granted at the previous jury? Yes ___ No ___

*Please note: This form is considered incomplete if approvals from the pianist and studio teacher are missing.