

TEACHER APPROVAL FOR SENIOR RECITAL

Name _____ Date Submitted _____

Degree _____ Major _____

Proposed Recital Date and Time _____

Repertoire: _____ Length of Program: _____ minutes

Pianist: _____

Pianist's signature indicating approval or email with confirmation

Collaborating Musicians

Applied Teacher Approval

Signature of Teacher

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 _____