

## RECITAL COMMITTEE FORM

Due no later than 2 instructional weeks after requesting a date.

The signed Recital Committee Form is due to the **Associate Dean**, MB 112, no later than **two instructional weeks** after the date is requested or the date will be released. This form will not be accepted if any of the required signatures are missing.

STUDENT NAME			STUDENT ID NUM	IBER	
Instrument/Voice Area		_	Course & Section	NUMI	BER
RECITAL DATE/ TIME	E	Location		<del></del>	
STUDENT E-MAIL ADDRESS			PHONE NUMBER		
Personel List: Indicate approximate i	NUMBER OF AD	DITIONAL PERFO	RMERS:		
Name (Please Print)					
RECITAL GRADING COMMITTEE:					
Name (Please Print)		SIGNATURE			
					(Applied Instructor)
					(Faculty in Applied Area)
					_ ( = =====, == === ,
Student signature				/ Date	′/
PROGRAM NOTES (SENIOR & GRADUATE C	Only):			DAIL	
Date Due to Readers / /	DATE DU	ле то recital@le	ousville.edu/_	/_	
PROGRAM NOTES READERS:					
E		D C		/	′/
ACULTY READER NAME FACULTY READER SIGNATURE		ΓURE	Date		
				/	′/
FACULTY READER NAME	FACULTY READER SIGNATURE			DATE	
PROGRAM FORMAT:  Digital Only (1 physical progr	RAM WILL BE P	ROVIDED TO APP	LIED FACULTY AND 3 PF	HYSICAL	PROGRAMS TO THE STUDENT)
PRINT (20 PHYSICAL PROGRAMS W	TLL BE PROVIDI	ED IF DEADLINES	ARE MET)		

\*Faculty at Large can be within the applied concentration area for Junior Recitals, but must be outside of the applied concentration area for Senior, Graduate, and Jazz Recitals.