GRADUATE RECITAL SCHEDULING FORM: I

Graduate degree recitals may be tentatively scheduled following these guidelines. Please see the “Recital Procedures” webpage on the SOMD website for detailed instructions.

1. Confirm potential recital dates and times with the Director of Facilities (121G).
2. Complete Part I and Part II of this form and submit to the Music Graduate Office (219K).
3. After approval of this form by the Music Graduate Office, you will receive email notification of a HOLD on a recital date via the Calcium scheduling program.
4. Your recital date will be confirmed when the pre-recital hearing is successfully passed and an electronic copy of the final program, approved by the faculty committee, is submitted to the Music Graduate Office.

Requests will be processed in order of receipt. Received: __________________________

Name: ___________________________ Phone: ________ E-mail: __________________________

DATE OF REQUEST: ____________ (For office use only: ☐ Date on hold ☐ Fee paid ☐ Confirmed)

TYPE OF RECITAL REQUESTED: (check one) ☐ Doctoral ☐ Master’s

LIST FOUR PREFERRED DATES AND TIMES FOR YOUR RECITAL IN ORDER OF PREFERENCE:

   Month    Day    Time
1. ___________________________ ___________________________ __________
2. ___________________________ ___________________________ __________
3. ___________________________ ___________________________ __________
4. ___________________________ ___________________________ __________

SPACE REQUESTED: (check one)
☐ Beall Concert Hall (degree recitals only)
☐ Other ___________________________

Note: This form will not be accepted without Part II
Note: Students must file this two-part form with the Music Graduate Office no later than **one week prior** to the Pre-Recital Hearing.

- The Music Graduate Office will notify the student and the Facilities Director when the committee and Pre-Recital Hearing date are approved. An electronic copy of the final program, approved by the faculty committee, must be submitted to the Music Graduate Office after the Pre-Recital Hearing is approved. It is important to remember that no recital date will be confirmed without this form and a copy of the approved program.
- **Students must report any changes** to the date or time for the Pre-Recital Hearing or Recital to the Music Graduate Office.
- The student and adviser are responsible for reserving a room for Pre-Recital Hearing prior to submission of this form.

Student Name: _______________________________ Degree: _______________________________

last first MA, MM, DMA, PhD

What degree requirement will this recital fulfill?

- [ ] Master’s
- [ ] Doctoral primary area
- [ ] Doctoral supporting area

Major/Academic Area: __________________________ Instrument/Voice: __________________________

Date of Pre-Recital Hearing: ________________________ Time: ________________________

_It MAY NOT be closer than 4 weeks before the Recital_

We agree to work with this student and attend the Pre-Recital Hearing and the Recital (date to be finalized by the Facilities Director).

Committee Members: ____________________________ Signatures: ____________________________

Adviser/Chair 1. ____________________________

2. ____________________________

3. ____________________________

Approved by the Director of Graduate Studies:

Signature: ____________________________ Date: ____________________________

Note: This form will not be accepted without Part I