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:

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SPACE REQUESTED: (check one)

□ Beall Concert Hall (degree recitals only)
□ Other ____________________________

Note: This form will not be accepted without Part II
Permission to Schedule
Graduate Pre-Recital Hearing

Graduate Recital Scheduling Form: 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: 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