RECITAL CHECKLIST AND DEADLINES

- We Discuss potential dates with your instructor and other participating musicians. Determine deast three (3) possible recital dates and times that correspond to the degree you are pursuing (see below) and list them in order of preference on the Recital Approval FormYour recital will be scheduled in Chandler Recital Hall unless extenuating circumstances require an alternate venue, which mulse approved by the School of Music.
 - x BM sophomore instrumental performance, BM junior vocal performance, BM composition, and BME senior recitals: Half-hour recitals; must be scheduled a#:00-4:30pm or 4:45-5:15pm Mondays and Fridays
 - x BM performance senior and graduate recitals: Full-hour recitals; 7:30pm MondayThursday or 3:00pm Sundays
 - x Note: Dress rehearsals

% In the event that you need to cancel your Recital Approval, you must speak with usan Voslein the Music Office. Depending on the circumstance, we will determine whether your fee can be applied to your next Recital Approval. DO NOT assume that your fee will automatically be transferred over.

Recital Approval Form

Please list your top three (3) choices for recital date and time in order of preference:

	Recital Date	Time	Venue
1			
2			
3			

	Recital Approval Date:		
Please type all of the information below	. This form can be filled out electronically and printed.		
Last Name:	Full First Name:		
Phone Number: ()	(• Cell; • Home; • Other)		
E-mail Address:			
Applied Lesson Number (MUSA):			

Special Production Requests

	Please indicate below if y	ou need any	of the following	equipment	and the number needed:	
‰ Mus	and pianos (maximum sic stands (maximum airs (maximum15) r	15) numb	oer needed:			
‰ Auc	dio needs beyond sta	ndard reco	ording. Describe	e below:		
		<u> </u>	Program Information			
Provide the	e information below on a s		nge and email a copy XEMHFW ³5H		MS Word) to <u>music@odu</u> S S S U R Y D O ´	ı.edu with the
	*This information	must be	approved and sig	gned by you	r applied teacher. *	
Timing - Lis	st the exact minutes and sec	conds of	each movement, as	well as the	total recital time.	
movement you	e work has more than on u are playing If from a dividual song. If a recita	larger work su		atorio, indicate	tempo markings of the title of the larger work	<u>each</u> as
	± Complete the first and las icate birth year only (full name.					
Translations Translations s	± Vocalists need to inclu should also be submitted ele				yped in 12pt, Times New to music@odu.edu .	Roman font .
			For example:			
(3:20)	Chanson et Passepied Op.		John Doe, Saxopho	ne	Jeanine Rueff	(1922 -1999)
(5:57) (1:36) (1:43) (2:38)	Brilliance I. Declame II. Desinvolte III. Dolcissimo				Ida Gotkovs	sky (b.1933)
(2:31)	Syrinx				Claude Debussy (trans. Jean-	1862 -1918) Marie Londeix
(5:57)	Una voce poco fa from II barbiere d	i Sivilia			Gioachino Rossini	(1792 -1868)

Total Time: (17:45

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Recital Committee Form

	been confirmed, it is your responsibili our recital hearing	ity to form your Recital Committee by co	mpleting			
time faculty members on your or instrumental). Keyboardists		ee members must be from your area (eit keyboard faculty as committee members				
Student Name:		UIN	l :			
	(First)	(Last)				
Recital Date :	Location:	Time:				
Type of Recital (voice, p	iano, violin, tuba, etc.):					
Name of Applied Musi	c Instructor:					
	Degree Emphasis	and Recital Level				
	csophomore instrumental					
Bachelor of Music	•	Bachelor of Music senior				
Bachelor of Music	composition	Master of Music Education	on (graduate) ———			
	Recital Committee	Confirmation				
We, the undersign	gned, have agreed to serve on	the Committee for the above rec	ital.			
Faculty Member #1	Name :					
Sig	nature:					
Faculty Member #2	Name :					
Sig	gnature :					