

STUDENT RECITAL REQUEST FORM

Today's Date _____

PLEASE PRINT CLEARLY

Student Name _____

Telephone _____

Instrument/Voice _____
(voice indicate soprano, mezzo-soprano, alto, tenor, bass)

E-mail _____@fredonia.edu _____
(date/time conflicts and final confirmation will be communicated to you via email)

Studio Teacher _____

Keyboards: _____ Piano _____ Two Pianos (n/a in Diers) _____ Harpsichord (n/a in Diers)
Note: Student recitals in Rosch will use Piano #1 unless other arrangements are made with Piano Technician well in advance.

Piano Majors Only: _____ Piano #1: 2006 (green cover) _____ Piano #2: 1916 (black cover)

If one of the descriptions below fits your recital, please check the box, and then you may schedule your recital in ROSCH RECITAL HALL. Pianists and percussionist may schedule any of their recitals in Rosch. No recital may last more than 75 minutes (from start to finish) past its scheduled start time.

- Graduate Recital (45-55 minutes of music)
- Senior Performance Recital (45-55 minutes of music)
- 2nd Performer's Certificate Recital (45-55 minutes of music)
- Honors Graduation Recital/Senior Composition Recital (35-45 minutes of music)
- Graduation Recital/BFA Thesis Recital (25-35 minutes of music)

If your recital is of any other type, please check the box, you must schedule your recital in DIERS RECITAL HALL.

- 1st Performer's Certificate Recital (45-55 minutes of music)
- Junior Performance Recital (35-45 minutes of music)
- Non-curricular Recital (15-20 minutes of music)

First Choice:

Day of Week _____

Date ____/____/____ (mm/dd/yyyy)

	Rosch	Diers
Time:	<input type="checkbox"/> 12:00p (Sat/Sun)	<input type="checkbox"/> 1:00p (Sat/Sun)
	<input type="checkbox"/> 2:00p (Sat/Sun)	<input type="checkbox"/> 3:00p
	<input type="checkbox"/> 4:00p	<input type="checkbox"/> 5:00p
	<input type="checkbox"/> 6:00p	<input type="checkbox"/> 7:00p
	<input type="checkbox"/> 8:00p	

Second Choice:

Day of Week _____

Date ____/____/____ (mm/dd/yyyy)

	Rosch	Diers
Time:	<input type="checkbox"/> 12:00p (Sat/Sun)	<input type="checkbox"/> 1:00p (Sat/Sun)
	<input type="checkbox"/> 2:00p (Sat/Sun)	<input type="checkbox"/> 3:00p
	<input type="checkbox"/> 4:00p	<input type="checkbox"/> 5:00p
	<input type="checkbox"/> 6:00p	<input type="checkbox"/> 7:00p
	<input type="checkbox"/> 8:00p	

Does either date/time conflict with any other activity or event? If so, which date has the conflict, and what is the conflict?

Date: _____ Conflict: _____

Student's Signature: _____

Please be sure to discuss the above date(s) with your accompanist BEFORE submitting this form.

Accompanist's Name (if applicable): _____

Studio Teacher Approval:

- The above conflict (if any) has been approved by all parties. Studio Teacher's initials _____ [check here if NO CONFLICT]
- I confirm that the information presented on this form is accurate and that the dates as proposed are appropriate.

Studio Teacher's Signature _____ Date _____

DO NOT SIGN A BLANK FORM

For Office Use Only:

Date Received: _____

_____ EMS

_____ Piano Tech

_____ PC

_____ Confirm #

_____ Live Stream

If Conflict:

Date e-mailed _____