

Brooklyn College of the City University of New York

CONSERVATORY OF MUSIC

Recital Application Form

INSTRUCTIONS: Please Consult the **Procedures for Student Degree Recitals** prior to filling out this form.

Recital dates and times are assigned on a first-come, first-served basis to students who bring correctly completed forms to the Concert Office.

TYPE OF RECITAL Undergraduate or Graduate Degree Recital: B.Mus. B.A. ADV. CERT. M.M. ADV. DIP.

Non-degree recital (please specify) _____

NAME _____

STUDENT I.D. NUMBER _____

ADDRESS _____

PHONE _____ **E-MAIL** _____

INSTRUMENT or VOICE TYPE _____

INSTRUCTOR _____

List accompanist and all assisting musicians: _____

List production requirements: (number of chairs, stands, piano(s), harpsichord, etc.) _____

Do you wish concert to be recorded – DVD and CD? (separate fee) **YES** **NO**

APPROVAL FOR PRESENTING RECITAL:

Major Teacher _____ Date _____

Chairman of Pre-recital jury _____ Date _____

Undergraduate or Graduate Deputy _____ Date _____

AFTER DISCUSSING DATES WITH YOUR TEACHER, VERIFY THE DATES WITH THE CONCERT OFFICE, THEN SECURE TEACHER'S SIGNATURE:

REQUESTED RECITAL DATE: _____ Time _____

Major Teacher _____ Date _____

For Concert Office use only:

Recital Date/Time approved: (Concert Office Director) _____ Date _____