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 ___________