

AQUINAS COLLEGE MUSIC DEPARTMENT
***APPLICATION FOR STUDENT RECITAL AND RECITAL HEARING**
KRETSCHMER RECITAL HALL

Last Name _____ First _____ email _____.
 Address _____ Phone _____.
 Degree _____ Instrument/Voice _____.
 Recital Type: Junior _____ Senior _____ Joint _____ Other _____

NOTE: *Joint recitals or half recitals that share a common program must be submitted together for approval.*

The student should contact Kathy Zimmerman, AMC Administrative Assistant to *tentatively* schedule dates currently available for the Recital, Recital Hearing and Dress Rehearsal and to schedule an appointment to obtain and review a Students' Recital Information Packet. The student will have **7 days** to complete and return this form to Kathy to hold the requested dates of the Recital, Recital Hearing and Dress Rehearsal.

RECITAL		RECITAL HEARING		DRESS REHEARSAL	
Date _____	Time _____	Date _____	Time _____	Date _____	Time _____

ALL ABOVE REQUESTED DATES CONFIRMED

AMC Administrative Assistant Signature: _____ Date _____

Faculty and Accompanist: The student must sign this form to indicate an understanding of the confirmed time and date.

REQUIRED SIGNATURES:

Ms. Barbara Witham McCargar (Room 126) _____

Dr. Paul Brewer (Room 119) _____

Sister Catherine Williams (Room 111) _____

Private Lesson Instructor _____

Accompanist _____

Other Musicians _____

ADJUNCT FACULTY TO ATTEND:

It is the student's responsibility to read all the information as stated in the *Area Requirements* as well as the Recital sections in the current *AQ Music Students' Handbook* and inform the full time Music faculty, private lesson instructor, accompanist and other assisting musicians of the confirmed Recital, Recital Hearing and Dress Rehearsal dates and times.

Student Signature: _____ Date _____

***This form must be returned before proceeding with any recital preparation as stated in the 2007-2008 Music Department Handbook.**

(Rev. 10-18-07)

