

The University of Vermont
Department of Music
Recital Request Form

Name: _____ Date: _____

Telephone: _____ e-mail: _____

Type of Recital (circle one): Senior Junior Other _____

Is this recital required for your degree? _____ yes _____ no

Facility (circle one): Recital Hall Southwick Ballroom

Other (please explain): _____

Proposed date (must be cleared on department Calendar. Please also include dress rehearsal times): _____

Equipment (please list all equipment and instruments needed): _____

Name(s) of Accompanist(s): _____

Special Needs: _____

Signature of Administrative Assistant: _____ (date)

Signature of Applied Teacher: _____ (date)

Signature of Area Head: _____ (date)

For required Junior or Senior Recitals only:

Signature of Faculty Jury Member: _____ (date)

Signature of Faculty Jury Member: _____ (date)