

**SOUTHERN UTAH UNIVERSITY ♦ COLLEGE OF PERFORMING AND VISUAL ARTS
DEPARTMENT OF MUSIC
SOLO RECITAL APPROVAL FORM**

_____ Junior Recital _____ Senior Recital

Name _____ Phone _____

Instrument/Voice _____ Teacher's Name _____

Advisor Approval/Signature _____

Recital Date _____ Time _____ Location _____

Recital reservation confirmed _____

(Department Secretary Signature)

This section and the back of this form are to be completed at least four weeks prior to your preview performance. The preview must be completed at least three weeks before the actual recital. A minimum of three faculty members must be present at the performance preview.

Preview Date _____ Time _____ Location _____

We certify that we were in attendance at the recital preview listed above and that we have approved this recital for presentation.

_____ Private Teacher

_____ Committee Member

_____ Committee Member

_____ Private Teacher

_____ Committee Member

_____ Committee Member

