

**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 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