

**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.

|                          |                           |                           |
|--------------------------|---------------------------|---------------------------|
| _____<br>Private Teacher | _____<br>Committee Member | _____<br>Committee Member |
| _____<br>Private Teacher | _____<br>Committee Member | _____<br>Committee Member |

