RECITAL APPLICATION

1) PLEASE COMPLETE THIS APPLICATION IN FULL
2) SEND COMPLETED APPLICATION TO THE RECITAL COORDINATOR:
   PROF. JOHN MARTIN: marjohnt@gvsu.edu
3) APPLICATION MUST BE SUBMITTED FOUR (4) WEEKS BEFORE PRE-RECITAL HEARING

NAME ________________________________________________________________

CURRENT APPLIED LESSON NUMBER: MUS __________

INSTRUMENT/VOICE _______________________________________________________

DEGREE PROGRAM  BME _________  BA___________  BM___________
Half-recital _____________  Full recital __________________________

APPLIED LESSON TEACHER _____________________________________________

RECITAL DATE _________________________________________________________

RECITAL TIME _________________________________________________________

RECITAL LOCATION _____________________________________________________

ACCOMPANIST _________________________________________________________

ASSISTING PERFORMERS _______________________________________________

PRE-RECITAL HEARING DATE _____________________________________________

PRE-RECITAL HEARING TIME___________  LOCATION _________________________

ARRANGEMENTS FOR RECORDING MADE? _________________________________

FACULTY COMMITTEE _________________________________________________

____________________________________________________________

____________________________________________________________

APPLIED LESSON TEACHER SIGNATURE