

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 _____