

WEDNESDAY RECITAL REQUEST FORM

Requested Recital Date:	Date Received:
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STUDENT INFORMATION

Name (as it should appear on the printed program)	VSU E-mail
Phone Number(s)	
Year in School <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> First Year Graduate <input type="checkbox"/> Second Year Graduate <input type="checkbox"/> Other	

DEGREE INFORMATION

<input type="checkbox"/> BM Performance	<input type="checkbox"/> BM Music Ed	<input type="checkbox"/> BA
<input type="checkbox"/> Music Minor	<input type="checkbox"/> Major (if not a Music Major) _____	
<input type="checkbox"/> MM Music Performance	<input type="checkbox"/> MM Music Ed	

COMPOSITION INFORMATION

List below all details as they are to appear on the printed program. Include the composer's full name and the complete title of the piece. Include names of movements, opus numbers, etc. If the piece is from a larger work such as an opera or song cycle, be sure to indicate the entire title of the larger work.

Title of Composition:	
If the piece is extracted from a larger work, title of that work:	
Opus and Number:	Thematic Catalog Number (K., BWV, etc):
Movement Titles or Names (if applicable):	
Composer's full name (no abbreviations):	Composer's birth and death years: <input type="checkbox"/> Composer's dates unknown
Transcribed by:	Arranged by:

STAGE SET-UP

Piano lid position <input type="checkbox"/> lid closed <input type="checkbox"/> half <input type="checkbox"/> full	Number of chairs:
	Number of stands:

OTHER STAGING INFORMATION

<input type="checkbox"/> Piano rack down <input type="checkbox"/> Adjust bench height <input type="checkbox"/> Page-turner's chair <input type="checkbox"/> Mute stand Other information

SOLO

Instrument or Voice:

[Empty box for instrument or voice]

If "voice", please indicate voice type (i.e. soprano, mezzo-soprano, alto, contralto, tenor, baritone, bass, bass-baritone, etc.)

- Primary Instrument
- Secondary Instrument

Check all that apply:

- no class on Wednesdays at 9am
- no class on Wednesdays at 11am
- music class on Wednesdays at 9am
- music class on Wednesdays at 11am
- non-music class on Wednesdays at 9am in _____(building)
- non-music class on Wednesdays at 11am in _____(building)

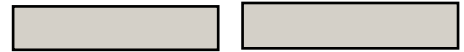
ENSEMBLE INFORMATION (if applicable)

List names and instruments of all performers exactly the way you would like them to appear on the recital program. Please be aware that if the group has more than two performers, at least one member has to set and strike the staging.

[Empty box for ensemble performer names and instruments]

Check all that apply:

- a member of the ensemble has a non-music class on Wednesdays at 9am in _____(building)
- a member of the ensemble has a non-music class on Wednesdays at 11am in _____(building)



TO BE FILLED OUT BY APPLIED INSTRUCTOR (Complete this section by hand)

Estimated Performance Timing: [Empty box]

(5 minute timing limit - a timing provided on a recording might not be your student's timing)

Is the student required to perform on a Wednesday Recital:

- Yes
- No

Accompanist needed:

- no - unaccompanied
- no- will be accompanied by: Dr. Goode Ms. Lutz Dr. Johnson Dr. Mikkelsen
- yes - please provide a performance metronome marking that your student intends to perform - a metronome marking indication on the score might not be your student's tempo; include metronome markings for the different sections. _____

INSTRUCTOR'S FINAL APPROVAL OF ALL RECITAL INFORMATION ABOVE

Signature:	Date:
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Applied instructor's signature above indicates the complete program information on this form is accurate and approved for performance.

Student **does not** perform on a Wednesday Recital if the form is **INCOMPLETE**.

SUBMIT COMPLETED FORM TO THE WEDNESDAY RECITAL COORDINATOR.