

**WESTERN ILLINOIS UNIVERSITY
SCHOOL OF MUSIC
Student Recital Hearing Form**

(complete both pages of this form)

Junior Recital _____ Senior Recital _____ Graduate Recital _____
Non-degree Recital _____

Name _____ Phone _____

E-mail _____ Instrument/Voice Part _____

Proposed Recital Date _____ Time _____

NOTE: This completed and signed form is due in the Recital Hall Office by the three-week "forms deadline" for returning all materials related to this recital. In order to meet the required deadline, this recital preview must be scheduled to take place at least **four weeks before the proposed recital date**.

Recital 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. (A minimum of three faculty members must be present at the recital preview).

Private Teacher

Committee Member

Committee Member

Committee Member

Accompanist's Signature (if any)

Recital Hall Manager's Signature
(after form is complete)

(Print all music and/or movements here OR attach a complete copy of your prepared program information)

[illegible]

Other Recital Personnel _____

Copy: Student's Recital Hall File