

Complete and submit this form to Mr. Evan Feist (efeist@uiwtx.edu) in the full semester preceding the recital: Deadlines: November 1 for spring recitals or April 1 for fall recitals.

Name:	E-mail:	PIDM:
Semester/Year of Recital:	Degree Sought:	
Applied Instructor's Name:	Applied Instructor's Signat	ture
Area: Composition Voice Instrument ()		
Please provide three dates in order of preference.* The facult Confirm your recital committee members' availability for all		modates all those involved.
Hearing Date (at least 3 weeks prior to Rec	cital) Requested Recital Date	Requested Recital Time
1 st choice		3:00 / 7:30 p.m.
2 nd choice		3:00 / 7:30 p.m.
3 rd choice		3:00 / 7:30 p.m.
This section is for faculty use only. Approved (Student may enroll in MUAP 4088/409 Best hearing date: (This hearing should occ		ital date.)
Best recital date: (This date has been added)		
Recital Committee Signatures: By signing below, I indicate that I am willing to serve on thi (at least three weeks prior to the performance) and the performance		ble to attend the requisite hearing
(Signature – Applied Instructor)**	(Date)	
(Signature – Area Coordinator)	(Date)	
(Signature – Outside Area Representative)	(Date)	
Comments:		

** If applied instructor and area coordinator are the same person, a second outside area representative should be selected.

^{*} In choosing dates consult the academic calendar carefully. Do not schedule hearings and recitals during holidays or on days immediately preceding a holiday (for example, on the Wednesday evening before Fall Break). Consult the event calendar on the Dept. of Music website.

List pieces to be performed, including title, movements, composer and composer's dates:		
	Duration:	
	Duration:	