



Student Recital and Hearing Request Form

Please complete all the requested information. Return this form to your applied teacher **ONLY AFTER YOU HAVE ACQUIRED ALL REQUIRED SIGNATURES**. Be sure to check the availability of your recital and hearing locations (i.e. Brookes Chapel, Tiscornia Theatre, Evans, Franklin, etc.) and the SOFPA Calendar with Ms. Beverly Harper to avoid conflicting music/theatre events, **BEFORE** listing a proposed recital date.

Name: _____ Date _____ 20 _____

Recital Length (ej gemqne): Half (shared with: _____) "Full

Applied Teacher: _____

Proposed Recital Date: _____
Day of the Week Month Date Year Time

Proposed Hearing Date: _____
Day of the Week Month Date Year Time

Committee Members:

 Applied Teacher's Name

 Signature

 Name

 Signature

 Name

 Signature

Collaborating Pianist:

 Name

 Signature

Recital Location: Chapel Tiscornia

Other _____

Hearing Location: Evans Franklin

Other _____

To check availability of the Chapel and Eubanks Room, please contact Ms. Jeanne McDade at jmcdade@shorter.edu or ext. 7231. To check the calendar and availability of all other spaces, please contact Ms. Beverly Harper at bharper@shorter.edu or ext. 7488.