



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, 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.