Brooklyn College of the City University of New York

CONSERVATORY OF MUSIC

Recital Application Form

INSTRUCTIONS: Please Consult the **Procedures for Student Degree Recitals** prior to filling out this form.

Recital dates and times are assigned on a first-come, first-served basis to students who bring correctly completed forms to the Concert Office.

TYPE OF RECITAL ☐ Undergraduate or Graduate Degree Recital: ☐ B.Mus. ☐ B.A. ☐ ADV. CERT. ☐ M.M. ☐ ADV. DIP.

☐ Non-degree recital (please specify) _____

NAME _____

STUDENT I.D. NUMBER _____

ADDRESS _____

PHONE _____ **E-MAIL** _____

INSTRUMENT or VOICE TYPE _____

INSTRUCTOR _____

List accompanist and all assisting musicians: _____

_____

_____

List production requirements: (number of chairs, stands, piano(s), harpsichord, etc.) _____

_____

Do you wish concert to be recorded – DVD and CD? (separate fee) **YES** ☐   **NO** ☐

APPROVAL FOR PRESENTING RECITAL:

Major Teacher   _____ Date _____

Chairman of Pre-recital jury   _____ Date _____

Undergraduate or Graduate Deputy   _____ Date _____

AFTER DISCUSSING DATES WITH YOUR TEACHER, VERIFY THE DATES WITH THE CONCERT OFFICE, THEN SECURE TEACHER'S SIGNATURE:

REQUESTED RECITAL DATE: _____ Time _____

Major Teacher   _____ Date _____

For Concert Office use only:

Recital Date/Time approved: (Concert Office Director) _____ Date _____

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CONSERVATORY OF MUSIC

Recital Program Proposal

List the program information of your proposed recital (Title, Composer, Date of Composition, etc.):

1. _____
   _____
   _____

2. _____
   _____
   _____

3. _____
   _____
   _____

4. _____
   _____
   _____

5. _____
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   _____

6. _____
   _____
   _____

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CONSERVATORY OF MUSIC

Recital Program Proposal

7. _____
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8. _____
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9. _____
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10. _____
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11. _____
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12. _____
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