McMurry University
Department of Music
Recital Date Request Form

Name: _______________________________  Date: ________________

Address: ______________________________  Phone: __________________

Email: ________________________________

The following information must be acquired in preparation for your Recital:
  • You must see the Fine Arts Assistant, RN100, for three dates that you are interested in for your recital and pre-hearing.
  • You must then obtain signatures from all individuals on this form.
  • If you have any questions regarding this form, please feel free to ask the Fine Arts Assistant @793-4888 or the Music Chair @ 793-3834.

Prospective pre-hearing dates
(in order of preference)

1. ____________________________
2. ____________________________
3. ____________________________

Prospective Recital Dates
(in order of preference)

1. ____________________________
2. ____________________________
3. ____________________________

Signature ___________________________  Date ________________

Applied Instructor ___________________________  __________________

Accompanist ___________________________  __________________

Fine Arts Assistant ___________________________  __________________

Department Chair ___________________________  __________________

Approved by Music Faculty ___________________________  __________________

Once a date is selected and approved by the Music Faculty, the Fine Arts Secretary will contact you.