Recital Approval Form – STRING AREA
University of Illinois School of Music

Student Name: ____________________________ Net ID: ________________

Instrument: ________________________________ UIN: __________________

Phone Number: ____________________________

Type of Recital Requested: ___Doctoral ___Doctoral Project ___Masters ___Artist Diploma

___UG Senior ___UG Junior ___Optional ___Other: __________

Month/Day/Year: ____________________________ Recital Time: ___11:30am–1:00pm ___1:30pm–3:00pm

___3:30pm–5:00pm ___5:30pm–7:00pm ___7:30pm–9:00pm

Location: ___Smith Recital Hall ___Smith Memorial Room ___Music Building Auditorium

___Off-campus location: _____________________ ___Other: __________________

Number of chairs needed (up to 5): ___/Number of stands needed (up to 5): ___

Dress Rehearsal: You are allotted 2 hours of dress rehearsal time. You can book your dress rehearsal immediately after recital approval if you schedule rehearsal during non-peak hours. To schedule during peak hours, you must wait until three weeks before your recital. Peak hours: Mon–Fri, 5pm–9pm and Sat–Sun, 11am–9pm

I have read and understood (check if desired and obtain student/faculty initials if applicable):

___Piano (SRH and MBA): I must pick up a key 2 business days before my recital and return it the following day ___S___F

___Set-up: I am responsible to set up my own chairs and stands ___S___F

___A/V cart: I must email cwahls@illinois.edu for training and pick up a key 2 business days before my recital ___S___F

___Piano Tuning ($90.00): This service depends on tuner availability and my student account will be charged ___S___F

___Stage Crew ($30.00): This service depends on student availability and my student account will be charged ___S___F

___Harpischord: I must arrange and pay for tuning and moving the harpsichord ___S___F

I have received permission to use harpsichord from Professor Mattax-Moresch

___Additional chairs/stands (more than 5): I must make arrangements to get equipment with operations staff ___S___F

___Risers (SRH): I must make arrangements to get equipment with operations staff ___S___F

___Recording: I must contact Recording at Illinois at least two weeks prior to my recital to schedule recording ___S___F

https://recording.music.illinois.edu/index.php/hire-us

___Audio Support: I must contact Frank Horger before using audio equipment in hall (fhorger@illinois.edu) ___S___F

Additional Requests: _____________________________________________________________________

Signatures

Student: ____________________________ (Signature) (Date) ____________________________ (Print Name)

Applied Instructor: ____________________________ (Signature) (Date) ____________________________ (Print Name)

For Doctoral Project Recitals:

Area Chair (A. Yeung): ____________________________ (Signature) (Date) ____________________________ (Print Name)

Thesis Advisor: ____________________________ (Signature) (Date) ____________________________ (Print Name)

Academic Affairs Office: ____________________________ (Signature) (Date) ____________________________ (Print Name)

By signing and submitting form, you agree to hold your recital at the specified time and to have any applicable fees applied to your student account. A cancelation fee of $50.00 applies should you cancel the recital. Received:______ Processed:______