

Eastern Illinois University  
Department of Music

Student Recital Reservation Request  
Fall 2009

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Inst/Voice Part \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

NOTICE: **You must be enrolled for the correct recital credit before your request will be approved.**

- MUS 2100 [ ] Non-Degree Recital  
MUS 3100 [ ] Junior Recital: Teacher Certification Option (15 minutes)  
MUS 4100 [ ] Senior Recital: Teacher Certification Option (25 minutes)
- MUS 2101 [ ] Sophomore Recital: Performance Option (15 minutes)  
MUS 3101 [ ] Junior Recital: Performance Option (25 minutes)  
MUS 3102 [ ] Junior Recital: Performance Option, Jazz Concentration (25 minutes)  
MUS 4101 [ ] Senior Recital: Performance Option (50 minutes)  
MUS 5940 [ ] Graduate Recital (60 minutes)

Date of Request

Select 2 dates from the following days and times.

|                  |                 |                 |               |
|------------------|-----------------|-----------------|---------------|
| Tuesday 7:30 PM  | Friday 6:00PM   | Saturday 2:00PM | Sunday 2:00PM |
| Thursday 7:30 PM | Friday 7:30PM   | Saturday 4:00PM | Sunday 4:00PM |
|                  | Saturday 6:00PM |                 |               |

1st Choice

Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

2nd Choice

Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Recital \_\_\_\_\_

Name of Accompanist \_\_\_\_\_  
Signature of Approval Mr. Kent Conrad \_\_\_\_\_ Date \_\_\_\_\_

Recital Request Approved by Applied Teacher \_\_\_\_\_  
Signature of Approval by Applied Teacher \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\* These are general recital dates. Due to limited availability requests are not always confirmed.

After all information and required signatures have been completed please return this form to Joseph Martin in the music office.