

AP Austin Peay Degree Recital Request

Department of Music

Student Name: _____

Student Email _____

Degree Recital: Junior Senior Graduate

Degree: BM BSLS BALS MM

Concentration: Performance Composition Conducting Music Education Music Therapy

Instrument/Voice Part: _____ Applied Instructor _____

Accompanist: _____

Requested dates are preliminary until all e-signatures are finalized. A confirmation email will be sent to all signatories and to the student.

Recital: Date _____ Time _____

Mabry Hall

Heydel Hall

Recital Hall (147)

All recitals are video recorded for archiving

Rehearsal Date _____ Time _____

2 hours, no more than 2 weeks before recital

Hearing Date _____ Time _____ Room _____

No more than 3 weeks prior to recital, usually Tue or Thu between 12:45pm-1:55pm

Office Approval _____

Applied Instructor Approval _____

Accompanist Approval _____

Staff Accompanist Approval _____

Mabry Hall Technical (TD) Director Approval _____

All set-up / rehearsal / recording arrangements must be confirmed with Mabry Hall TD 2 weeks prior to recital. Program information due to music.programs@apsu.edu 2 weeks prior to recital.