Title: Brandon University Logo - Description: cid:image002.png@01D01DF7.18896710**GRADUATE MUSIC DEPARTMENTCREDIT RECITAL APPROVAL FORM**

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*THE HARD COPY OF THIS FORM MUST BE SUBMITTED TO THE MUSIC OFFICE FOR APPROVAL*

*NO FEWER THAN* ***8 WEEKS*** *BEFORE THE PROPOSED RECITAL DATE.*

*This form must be completed with all required information and signatures.[PLEASE SEE RECITAL PROCEDURES FOR GRADUATE MUSIC STUDENTS]*

Name:       Student #:

**Course Number** (Consult the Graduate Calendar for requirements specific to each program)

\*This recital requires program notes. See Course Syllabus for 63:613 or 63:615 and *Recital Procedures, Graduate Music Students.*

This is the link for on-line Lorne Watson Recital Hall booking request: <https://www.brandonu.ca/music/about/places/lorne-watson-hall/lorne-watson-recital-hall-internal-booking-form/>

Proposed Recital Date:       Proposed Recital Start-time:       Location:

Accompanied/Assisted by:

Name:       Instrument:

Name:       Instrument:

Name:       Instrument:

List additional accompanists/assistants here and their instrument:

**Signature of Applied Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signatures of Proposed Jurors:**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brandon University School of Music is committed to respecting your privacy and will abide by the restrictions indicated above. Any personal information you provide is managed according to Manitoba’s Freedom of information and Protection of Privacy Act (FIPPA).

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*Graduate Music Department Credit Recital Approval Form*

*September 2019*

Name:       Student Number:

**Proposed Repertoire\*:**

**\****Once approved, no change of repertoire is allowed without Graduate Department approval.*

**Composition (include movements if applicable):**

**Composer (dates):** **Length:**

**Composition (include movements if applicable):**

**Composer (dates):** **Length:**

**Composition (include movements if applicable):**

**Composer (dates):** **Length:**

**Composition (include movements if applicable):**

**Composer (dates):** **Length:**

**Composition (include movements if applicable):**

**Composer (dates):** **Length:**

**Additional Compositions (include movements if applicable, composer & dates; length):**

Name: Student Number:

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Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received in the Music Office by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use:

**Approval by Graduate Music Department**

Graduate Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_