APPLICATION FOR DEGREE RECITAL CANCELLATION

STUDENT NAME ___________________________ T# ___________________ DATE ____________

EMAIL _______________________________ PHONE ________________ INSTRUMENT _____________

APPLIED FACULTY NAME ___________________ CURRENT RECITAL DATE ____________

☐ Junior Recital       ☐ Senior Recital       ☐ PD / AD / MM Recital (circle one)       ☐ Musical Studies Major

REASON FOR CANCELLATION:

Signature of applied faculty is required. This signature is considered approval of the cancellation, as well as approval for the student to reschedule on one of the proposed dates below.

__________________________________________
Applied Faculty

The authorization to cancel a degree recital date will require the approval of the Assistant Dean of Student Academic Affairs. A cancellation will be authorized only for reasons of health or family emergency.

__________________________________________
Associate Dean Leah Brockman

The cancellation of a degree recital date for other reasons is considered an unauthorized cancellation. In these cases, the student is to submit this form directly to Concert Production. An unauthorized cancellation will result in the student being reassigned a recital venue that may include rooms other than the Birenbaum, Kulas and Stull Recital Halls and Warner Concert Hall.

TO RESCHEDULE, go to the Web App website to locate available dates/times: (https://oberlin.emscloudservice.com/web/samlauth.aspx) and list below a maximum of two dates/times in order of preference. Prior to submitting this form, make sure your accompanist/other performers, faculty, and family are available to attend all date(s) listed.

Recitals must be scheduled during academic weeks in predesignated slots, beginning at the following times:
- Tuesdays – Fridays: 4:30 or 7:30 pm
- Saturdays & Sundays: 12:30, 2:30, 4:30 or 7:30 pm

Degree recitals may not be scheduled on Mondays, against large ensemble or Artist Recital Series concerts, or against any conservatory-sponsored event of the same instrument.

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<tr>
<th>Recital Date</th>
<th>Day of Week</th>
<th>Recital Time</th>
<th>Venue</th>
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☐ I am requesting a harpsichord, portatif organ or fortepiano for this recital.

Submit to Concert Production Office (Bibbins 125). A confirmation of your performance date will be sent via email.

Concert Production | compro@oberlin.edu | 440.775.8610 | Bibbins 125 | http://new.oberlin.edu/office/concert-production/

Office Use Only

DATE ____________ DAY ____________ TIME ____________ VENUE ____________ Authorized ☐ Y ☐ N
INITIALS _______ COMMENTS _______