Student Recital Change of Date/Venue Form

This form must be completed in its entirety by any student wishing to change the date or venue of their student recital.

Student's Name: ____________________________________________

Student's Email: ____________________________________________

Teacher's Name: ____________________________________________

Advisor’s Name: ____________________________________________

Original Date/Venue: _________________________________________

Proposed Date/Venue: _________________________________________

Reason for change: __________________________________________

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________________________________________________________________

I agree to this date/venue change, and I will be present at the recital.

Teacher’s Signature: _______________________________ Date: __________

Advisor’s Signature: _______________________________ Date: __________

Advising Liaison’s Signature: ___________________________ Date: __________

Please return this form to Dr. Jamie Bartlett in Ewell 204 after all signatures have been obtained.