

Student Recital Change of Date/Venue Form

Music Department
College of William and Mary
Ewell Hall



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: _____

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.